



Fall 2020 Excursions in Learning Youth Programs Registration

Complete this form per person. Refunds according to MCC policy. All friend/sibling discounts must be submitted together. You may register:

ONLINE: Go to www.manchestercc.edu/continuing-education/excursions-in-learning/excursions-in-learning-registration/. After registering online, please call 860-512-2804 to pay by credit card and disclose child's birthdate.

BY PHONE: Complete this registration form and phone 860-512-2804 with credit card payment information.

BY EMAIL: Scan completed forms and email to larmstrong@manchestercc.edu.

APPLICANT INFORMATION

First Name		MI	Last Name		Banner ID (if known)
New Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Grade	Any food allergies or special needs?
Parent/Guardian Name(s)				Email for Registration Confirmation	
Home Address			City	State	Zip
Permission to photograph your child and use photographs for promotional purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Signature _____					
Home Phone		Best Phone During Class Time		Whose phone is this?	
How did you hear about us? <input type="checkbox"/> Email Blast <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Internet Search <input type="checkbox"/> Our Child's School <input type="checkbox"/> Town Library <input type="checkbox"/> Facebook <input type="checkbox"/> From MCC Student <input type="checkbox"/> Website Listing _____ <input type="checkbox"/> Other _____					

LIST COURSES:

CRN	COURSE TITLE	COURSE DATES	TIME	ROOM	FEE

DISCOUNT: See catalog. (select only one) <input type="checkbox"/> Early Registration (by 10/1/20) <input type="checkbox"/> Multiple Sibling or Friend		Name of Sibling or Friend _____	TOTAL FEES: (After Discount) <input style="width: 100px;" type="text"/>
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METHOD OF PAYMENT

Please indicate method of payment below. Make checks payable to MCC.

Payment Information (please check only one): <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Check # _____		
Credit Card Number	CWV Code	Expiration Date
Cardholder Signature		Date Signed
Cardholder Name (print)		Cardholder Phone
Cardholder Address		

June 2020/PR

OFFICE USE ONLY

Regis. _____

Bursar: _____

Receipt #: _____

Date: _____