

# REGISTRATION FORM

## STUDENT'S SOCIAL SECURITY NUMBER

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## LEGAL NAME

Mr.  Ms.  Mrs.  Other: \_\_\_\_\_

\*LAST \_\_\_\_\_

\*FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

NAME USED IN PREVIOUS ATTENDANCE IF DIFFERENT FROM ABOVE.

## HOME ADDRESS / PHONE / EMAIL

\*STREET \_\_\_\_\_

\*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_ \*COUNTY \_\_\_\_\_

HOME PHONE \_\_\_\_\_

\*CELL PHONE \_\_\_\_\_

\*EMAIL ADDRESS \_\_\_\_\_

## WHAT IS YOUR INTENT IN ENROLLING

- To develop/enhance job skills  
 Personal interest/enrichment  
 Other \_\_\_\_\_

\*Provision of all requested information is required to meet federal and state reporting mandates, and for debt collection. The College will not disclose your personal information without your consent to anyone outside the institution except as required by law, and will make every effort to protect your privacy.

▲ CCC is continuing to follow the state mandates in place regarding the COVID-19 pandemic. Due to ongoing updates, there may be resulting changes to classes such as schedule (including start and end dates), hours, CEU's, location, format, etc. Please note, in the event of such changes, no refund will be issued. The only exception will be in the event of a course cancellation. At the discretion of CCC, a partial refund or credit may be issued in the event CCC has to reduce the total number of course hours. Your registration confirms that you agree to these terms.

## ETHNICITY\* / GENDER\* / DOB\*

- Asian American/Asian/Pacific Islander  
 Black/African American/African  
 Hispanic/Latino/Chicano/Spanish  
 Native American/American Indian/Alaska Native  
 White/Caucasian/European

Gender\*  Male  Female

Date of Birth\* \_\_\_\_/\_\_\_\_/\_\_\_\_

## IF STUDENT IS UNDER 18, PLEASE COMPLETE

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

SOCIAL SECURITY # 

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HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## \*COMPLETE CHART TO SELECT COURSES

Course No.	Course Title	Days (circle)	Start Time	End Time	Start Date	Cost#
CE.		M T W R F S U				
CE.		M T W R F S U				
#Withdrawal from program does not exempt you from the remaining balance.			TOTAL DUE (payment info below) •			
			(subject to refund/cancellation policy)			

## \*PAYMENT MUST BE MADE IN FULL TO COMPLETE REGISTRATION.

### CHOOSE ONE

- Check  
 Payment Plan  
 Third Party (documentation must be attached)  
 Visa®  
 MasterCard®  
 Discover®  
 American Express®

**MAIL FORM TO:**  
 Camden County College  
 Continuing Education  
 PO Box 200, College Drive  
 Blackwood, NJ 08012

**FAX FORM TO:**  
 856-374-4866

### CREDIT CARD INFORMATION

(All information below must be complete in order to process your credit card.)

AMOUNT \$ \_\_\_\_\_

ENTER CREDIT CARD # \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

EXPIRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV2 CODE 

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(3-digit number on the back of your credit card, next to the last four digits of your credit card number)

CARDHOLDER SIGNATURE \_\_\_\_\_

3rd Party Financing Available! Call 856-374-4955 for more information.