

Hudson County Community College-Community Education REGISTRATION FORM YOUTH PROGRAMS

Three easy ways to register:

1. Online: Go to www.hccc.edu/communityeducation and click on "Register for Classes". Follow instructions to register and pay with credit or debit card. (Must also submit a Health and Emergency Contact form for registration to be complete.)

2. In-person: 25 Journal Square, Room B107, Jersey City, NJ 07306

3. Mail: Complete and mail a Registration Form and your check or money order payable to Hudson County Community College to Hudson County Community College: Community Education, 25 Journal Square, Room B107, Jersey City, NJ 07306.

Child's Name _____ Grade _____ Gender _____ Birthdate ____/____/____

Home Address _____ City _____ State ____ Zip code _____

Name of Parent or Legal Guardian _____

Home Phone () _____ Cell () _____ Email of Parent _____

Course #	Name of Program	Start Date	End Date	Start Time	Total Tuition
					Total Tuition \$

Schedule Changes: The College reserves the right to cancel, reschedule, change the time, date or place of courses; to make other revisions as necessary; and to do so without incurring obligation.

Non-attendance to a course or program does not constitute a withdrawal and does not entitle the student to a refund.

Cancellation/Refund Policy: When a student cancels or withdraws from a class, a 100% tuition refund less a \$15.00 processing fee per course, will be issued when a signed Refund Request Form is received by the Community Education office two days prior to the first class. A 50% tuition refund, less a \$15.00 processing fee per course, will be issued when a Refund Request Form is submitted one day prior the first class and up through the second class. After the second class, no refund will be issued.

No refunds after the second class meeting, all refund requests must be submitted to the Community Education in person, via fax or email.

Parent/Guardian Signature _____ Date _____

**HUDSON COUNTY COMMUNITY COLLEGE-COMMUNITY EDUCATION
HEALTH INFORMATION/EMERGENCY/DISMISSAL INSTRUCTIONS
YOUTH PROGRAMS**

All Youth Program participants must have this form completed by parent or guardian. This form must accompany the Registration Form. Participants will not be allowed to begin any program without submitting completed forms.

STUDENT NAME: _____ **DATE:** _____

I. MEDICAL INFORMATION

List any allergies your child has or medications your child takes or medical conditions that you would like the school to be aware of for the safety of your child. _____

Name of Student's Physician: _____

Parent/Guardian Authorization for Emergency Treatment

I (we) are the parent (s), or legal guardian (s) of the above child and attest that the information above is correct. I (we) authorize Hudson County Community College and the Community Education Department to obtain emergency treatment for my child in the event of serious illness or injury.

1. In the event the child becomes sick or injured, the parent/guardian will be contacted immediately.
2. In the event the parent cannot be reached, I hereby consent to the transfer of my child to a hospital emergency room.
3. Hudson County Community College will not be responsible for complications that may occur as a result of false/withheld information on this form.

Parent/Guardian Name (s) _____

Emergency Contact Numbers: _____

Parent/Guardian Signature _____

II. EMERGENCY CONTACT INFORMATION:

In the event a parent cannot be reached, the following persons should be called to pick up your child in case of illness.

Name _____ Relationship _____ Phone _____

III. DISMISSAL INSTRUCTIONS: *Please check one box below:*

My child will only be released to adults listed in this section. The following persons, other than custodial parent, are permitted to pick up my child after classes each day.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I give permission for my child to leave the program on their own at dismissal.

Signature _____ Date _____