

# HCC COLLEGE FOR Kids

## Registration Form

Accepted forms of Payment:

Mastercard



Discover



Visa



Check



Cash



11400 Robinwood Drive • Hagerstown, Maryland 21742-6514  
301-790-2800, extension 236 • Fax: 301-582-4001 • learn@hagerstowncc.edu

### Center for Continuing Education Registration Form

Each student must use a separate registration form. Please send completed registration form and payment to the College. (Payment, invoice, or purchase order must accompany this registration.) **This form may be duplicated.**

To avoid delay, please complete all information requested.

Mr.     Ms.     Mrs.     Other \_\_\_\_\_  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Maiden/Former \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Ethnicity:** Are you of Hispanic or Latino origin?

Yes  No

**Race:** You may check more than one race.

White

Black or African American

Asian

American Indian or Alaskan Native

Native Hawaiian or Pacific Islander

Information not used for admission. Federal regulations require colleges to report enrollment data by ethnic, racial, and gender categories.

Birthdate (mo/day/yr) \_\_\_\_\_

Senior Citizen (60 and over)  Yes  No

Employer's Name \_\_\_\_\_

Social Security # \_\_\_\_\_

**For Credit Card Use Only:**

Card Holder's Name \_\_\_\_\_

Account No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address for Card \_\_\_\_\_

Course #	Course Title	Begin Date	Tuition	Materials Fee	Total
<b>Total Fee</b>					

The Refund Policy is published in the current issue of the HCC Continuing Education Non-Credit Schedule.

I certify that the information on this form is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_