

Youth Registration Form

Youth Programs: 908-526-1200, Ext. 8404 - Fax: 908-253-6696

Please print clearly. New Student Returning Student Check here if this is a new address or telephone number.

Child's I.D. Number (if known): _____ Child's Social Security Number (optional): XXX - XX - _____

Child's First Name: _____ M.I.: _____ Last Name: _____

Check: Female Male Child's Date of Birth (required): Month: _____ Day: _____ Year: _____ Child's Age: _____

Ethnic: African-American Asian Caucasian Hispanic/Latino Other

Home Address: _____

City: _____ State/Zip: _____ County: _____

Parent Home Phone: () _____ Work Phone: () _____

Cellular Phone: () _____ Home or Business E-mail: _____

COURSE# (5 digit number)	COURSE TITLE (abbreviate)	START DATE	COURSE FEE	COURSE# (5 digit number)	COURSE TITLE (abbreviate)	START DATE	COURSE FEE
12885 (SAMPLE)	Puppetry, Writing & Story.	Sat. Nov 12					
Subtotal:						_____	
Less Discounts Applied:						_____	
Total Fees Paid:						_____	

PLEASE COMPLETE PAYMENT INFORMATION below in order to ENROLL

HEALTH INFORMATION — MUST BE COMPLETED IN FULL

Doctor: _____ Phone: () _____

Current Medications / Allergies: _____

Mother's Name: _____ Mother's Work #: () _____

Father's Name: _____ Father's Work #: () _____

Emergency Name: _____ Emergency Phone #: () _____

My child's immunizations are up-to-date as required by New Jersey law: Yes No

With this registration, I am affirming that my child is in good health with no physical limitations that would hinder (his or her) active participation: Yes No

RELEASE INFORMATION — FOR PERSONS NOT LISTED ABOVE

Children will be released to authorized individuals only.
If you wish to have child picked up by someone not on this list, you must provide us with a revised list 48 hours before pick-up date.

Name: _____ Relationship: _____
Phone #: () _____

Name: _____ Relationship: _____
Phone #: () _____

RELEASE AUTHORIZATION: If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Raritan Valley Community College to treat and/or send my child to a physician or hospital and authorize the necessary treatment. I also authorized the physician or hospital to release my child after treatment to a representative of Raritan Valley Community College. All information on this form is complete, true and accurate to the best of my knowledge. I give my consent for my child to be photographed or videotaped for promotional purposes. I do not expect compensation when RVCC takes promotional photos and videos of students in the learning environment.

Signature of Parent/Guardian: _____ Date: _____

CHECK ENCLOSED - Check #: _____ Make checks payable to: RVCC College mail to: RVCC, College Advancement, PO Box 3300, Somerville, NJ 08876

To Register using a credit card, go to www.raritanval.edu/youth, Fax Registrations are not accepted.

REFUND INFORMATION

YOUTH PROGRAM'S POLICY ON REFUNDS: Written withdrawals must be in at least ten (10) business days before the start of class, less a \$15 Registration Fee.

All Registration information must be completed in order to enroll.