

Summer Camps Registration Form

Colleague ID (Returning students o	nly) Last Name	Last Name		MI		First Name		
Last 4 Digits of Social Security Number	er Sex						Home Phone	
	☐ Female							
Mailing Address							Cell Phone	
City			State		Zip		Business Phone	
E-Mail Address			County					
				Circle Highest Grade Completed				
Black White	☐ Mailer	Mailer Social Media		0 1 2 3 4 5 6 7 8 9 10			9 10 11 12 13 14 15 16 17	
☐ Asian ☐ Website ☐ Friend			or for High School Equivalency		al Fauivalanav			
Hawaiian/Pacific Islander Asian/Pacific Islander	Newspaper	Other		01 🗀	ioi riigii scriot	or Equivalency		
Location of Instruction (Building, Ro	oom)						Term	
							Summer Year:	
Name of Course			Class Da	ays (Circle)		Time		
			М	T W	T FS	_	to	
Instructor's Name			Class Start Date		•	Class End Date		
Student's Signature			Date	Date				

Registration/Payment Information

Email, fax or mail registration form to:
Continuing Education
Cleveland Community College
137 South Post Road
Shelby, NC 28152
coned@clevelandcc.edu
Fax: 704-669-4205

Call 704-669-4015 to make payment for course(s).

Registration and payment must be received to ensure a spot in the class. Space is limited and students are registered on a first come, first served basis. Office hours are Monday – Thursday from 8 AM – 6 PM and Friday from 8 AM – 4 PM, excluding holidays and semester breaks.

Continuing Education Refund Policy

The College may refund registration fees under the following circumstances:

- If a student officially withdraws from the class prior to the first class session, the student will receive a 100% refund.
- If a class is canceled due to insufficient enrollment, the student will receive a 100% refund.
- After a class begins and a student officially withdraws from the class prior to or on the 10% point of the scheduled hours, the student will receive a 75% refund.

This refund is limited to the registration fee and does not include accident insurance, liability insurance, textbooks or supplies.

OFFICE USE ONLY						
Amount of Fees Paid	Date Paid	Institutional Representative				

Summer Camps Policies and Information

Parent Information			
Name	E-mail Address		
Cell Phone	Business Phone		
Emergency Medical Information			
Physician	Phone Number		
Dentist	Phone Number		
In case of emergency, contact	Phone Number		
Please describe any medical or beha	vioral conditions, allergies, medication, or s	special needs of your child that staff and faculty should be aware	e of.
portation to and from the classes. Stu should walk their child from the parkin come to their child's classroom to pic parking lot after class.	udents are expected to arrive at the classro ng lot to the classroom. Students should be	consible outside class time. Parents are responsible for the child's com no earlier than 10 minutes before the class start time and pare picked up promptly at the ending time of the class and parents to their child off in the parking lot or ask their child to meet them in	arents should
Bring to Class Students are welcome to bring a snar at home unless instructed to bring the lowed to use cell phones during class	em by the instructor. CCC is not responsible	eration is available. Please leave all personal toys and electronic is all for any personal belongings brought to class. Students will not	items t be al-
		reserves the right to dismiss a student from class if the student d class by the instructor, there will be no refund or transfer of tuition	
	inge the schedule of the classes and instru	uctors when necessary. The College also reserves the right to carents will be notified and will receive a 100% refund.	ncel any
for CCC to use photographs and/or v require emergency medical treatment	ideotapes of my child for marketing or pron t and reasonable attempts to contact me ha	e Summer Camps Policies above and agree to them. I give permismotional purposes of Summer Camps. In the event that my child have been unsuccessful, I give my consent to admission for emena nearby hospital. I verify that my child has medical insurance.	should
Parent Signature	Date		