

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 Programs". 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: 161 Newkirk Street, Room E504, Jersey City, NJ 07306

3. Mail: Complete and mail a Registration Form and your check or money order payable to Hudson County Community College, Continuing Education, 161 Newkirk Street, Room E504, Jersey City, NJ 07306.

Today's Date _____ / _____ / _____

Has your child ever taken classes at HCCC before? YES ___ NO ___

Student ID # _____

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 \$



HUDSON COUNTY COMMUNITY COLLEGE CONTINUING EDUCATION

161 Newkirk Street, Room E504, Jersey City, NJ 07306
Tel. 201-360-4246 or 201-360-4224 • Fax 201-360-4232
Email: communityed@hccc.edu www.hccc.edu/communityeducation

Please read below and sign to acknowledge you have read the policies.

All Courses

- **Schedule Changes:** The College makes every effort to ensure our classes run. We reserve the right to combine, reschedule, change the time, date, or place of courses, and to make other revisions as necessary due to insufficient enrollment. The college reserves the right to cancel classes without incurring obligation.
- **When the College Cancels a Course** a full refund is issued.
- **A completed Cancellation Request Form** must be received by the office in person, email, or mail.
- **Non-attendance to a Class or Program** does not constitute a withdrawal, nor entitles the participant to a refund.
- **A cancellation fee** will be deducted from refunds as shown below to cover costs associated with the participant's enrollment.
- **Senior Discounts:** Senior Citizens aged 65 years or older who present a valid ID may receive a 10% discount on select courses. Registration must be in person the first time using this service. Discount does not apply to classes over \$999.

Refund Policies

- **Cancellations prior to 5 business days before the first day of class:** 100% of tuition (minus \$15 cancellation fee).
- **Cancellations less than 5 business days before the first day of class:** No refund will be issued.

I have read the refund policy.

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 _____