

Kids & Teens Registration Form

Kids & Teens Programs: 908-526-1200, x8404 □ Fax: 908-725-2831

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): X-X X X

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: _____

CRN# (5 Digit Number)	Course Title(Abbreviate)	Start Date	Course Fee
(SAMPLE) 12885	Puppetry, Writing & Story	Monday June 22 nd	\$95

Name: _____

Relationship: _____

Phone#: (____) _____

RELEASE AUTHORIZATION: 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: _____

Pay Online and Email Form to: youth@raritanval.edu

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

KIDS & TEENS 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.