Continuing Education Adult & Youth Workshop Registration

Today's date	First Name	Last Name		
tudent ID or J# No J#? Social Security Number (adult only)				
Date of Birth (mm/dd/yy)		Male Female / U.S. Citizen (circle	one) Yes/No	,
Have you ever taken a class at	t JCC before? 📕 Yes 📕 No	If yes 🔳 credit 🔳 non-credit		
How did you hear about our w	vorkshops?			
Mailing Address		City	_State	_Zip
Home Phone ()		Business Phone ()		
Cell Phone ()		Email Address		
If registering a minor: Emer	rgency contact person, relati	onship and phone number:		
List all allergies/medical conditions we should know about:				
Parent/guardian Signature:				1
I grant permission for JCC to use an image of myself and/or the image of my minor child in printed & electronic/social media marketing.				
Initial here	Name of school child attend	ds, or homeschool		
Policy: Registration with payment secures a seat in the classroom. To receive a full refund, registrant must call 315-786-2233 within 24 hours business hours (Mon. – Fri.) of the start date. No refund after start date. Continuing Education reserves the right to make changes to workshop date/time and costs. If cancelled by the college, registrant will receive a 100% refund. For inclement weather updates call: 786-6565. The general rule for inclement weather is if campus is closed, the workshop is cancelled.				
Course Code: ex: CED 007 7	701 Workshop title:		Start Date:	Workshop Cost:
Name, address and phone num	ber of third party payment:			
Enclosed is my personal che	ck or cashier's check, payab	ble to Jefferson Community College. Or:	Visa/Master(Card/Discover.
Name on Card				
Card No		S)		
		Suite 100, 1220 Coffeen Street Watertown tinuingeducation@sunyjefferson.edu	, NY 13601 Ph	one: