

KIDS ON CAMPUS REGISTRATION FORM 2020

PLEASE COMPLETE
ALL INFORMATION

Student's Name: _____ Age _____
First Middle Last

Date of Birth: _____ Sex (M/F): _____ Grade Entering (Sept. 2020): _____

Address: _____
Street City State Zip

Parent/Guardian Name: _____

Phone: _____ Parent Cell: _____ Parent Work: _____

Parent e-mail address: _____

Can we contact you with information about summer camp? Yes No

T-shirt size*: YS YM YL AS AM AL AXL

*Every effort is made to provide a t-shirt in the size requested, however please note that t-shirts are ordered in late May and sizes may be limited for registrations received after this time.

PLEASE REGISTER MY CHILD FOR THE FOLLOWING COURSE(S):

CRN _____ Title _____ Dates/Time _____ Tuition _____

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*The CRN is a five-digit course reference number listed in the course description.

EXTENDED CARE

Athletic Camps:

A.M. Care - \$10 per week P.M. Care - \$10 per week **Total** _____ *Extended care is not available for golf camps.*

Summer Academy:

A.M. Care - \$10 per week P.M. Care Only - \$10 per week **Total** _____

Lunch: *You provide the lunch, we provide the supervision! \$10 per week **Total** _____

**Only for Summer Academy classes and athletic campers who are staying for an afternoon Summer Academy class.*

ALL TUITION AND FEES ARE PAYABLE IN FULL AT THE TIME OF REGISTRATION.

Method of Payment: Check enclosed MasterCard Visa Discover

Account # _____ Security Code (3 digit) _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature _____

Please mail completed registration to:

Hudson Valley Community College
Office of Community and Professional Education
80 Vandenberg Avenue // Troy, NY 12180
Phone (518) 629-7339 // Fax (518) 629-8103

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our website
www.hvcc.edu/kidscamps