

## Fall 2018 Excursions in Learning Registration Form

Register one student per form. Please print clearly. Refunds according to MCC policy.  
For more information, call 860-512-2804 or email cschultz@manchestercc.edu

Student's Name \_\_\_\_\_ first \_\_\_\_\_ last \_\_\_\_\_ New Student?  yes  no

Male  Female  Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Banner ID# (if known): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Best phone number to reach a parent/guardian on the day of class: \_\_\_\_\_ Who's # is this? \_\_\_\_\_

**Email for registration confirmation:** \_\_\_\_\_

Permission to photograph your child and use photographs in our catalog? (See page 2.)  yes  no

Parent/Guardian signature: \_\_\_\_\_

Any food allergies or special needs? \_\_\_\_\_

CRN#	Course Title	Course Date(s)	Fee

**Where did you hear about us? (Check all that apply.)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mall Cart at Buckland Hills or Eastbrook | <input type="checkbox"/> Internet Search          | <input type="checkbox"/> Facebook                 |
| <input type="checkbox"/> Newspaper Ad                             | <input type="checkbox"/> Our Child's School       | <input type="checkbox"/> From a MCC Student/Staff |
| <input type="checkbox"/> Friend                                   | <input type="checkbox"/> Town Library             | <input type="checkbox"/> Other: _____             |
|   | <input type="checkbox"/> A website listing: _____ |   |

**Total Fees: \$** \_\_\_\_\_  
(After Discount)

**DISCOUNT:**

Save \$5 per class (see page 3)

**Choose one option only.**

- Early Registration (postmarked by 10/10/18)
- Multiple Sibling
- Recruit a Friend

Name of Sibling / Friend: \_\_\_\_\_

*Friend/Sibling registration forms must be submitted together to receive discount.*

**Four Ways to Register:**

1. By mail: Excursions Registration, MCC, Great Path, MS #16, P.O. Box 1046, Manchester, CT 06045-1046
2. By fax or phone: using a MasterCard, VISA, Discover or American Express: 860-512-2801 (fax) 860-512-2804 (phone)
3. By email: Scan completed forms and attach. Pay by credit card. Email to: CSchultz@manchestercc.edu
4. In person: at the Continuing Education office, LRC B147 (Please email or call for office hours).

Check or money order (# \_\_\_\_\_ ) enclosed.

**Make check or money order payable to "MCC".**

I authorize the use of my  MasterCard  VISA  Discover  American Express

cardholder name (print) \_\_\_\_\_ cardholder signature \_\_\_\_\_

credit card # \_\_\_\_\_ expiration date (month/year) \_\_\_\_\_

cardholder phone number \_\_\_\_\_ CV (3-digit code) \_\_\_\_\_

**Office Use Only**

**Regis.**

**Conf.**

**Receipt #**

