

Registration Form

Here's the information you'll need to register online: northampton.edu/poconosummeryouth

* = REQUIRED FIELDS. PLEASE ANSWER YOUTH HEALTH PROFILE QUESTIONS ON REVERSE.

Birth Date*

M	M	D	D	Y	Y	Y	Y
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Child's Last Name*

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Child's First Name*

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M.I.

Street or P.O. Box*

City*

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State*

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Zip code*

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Home phone*

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Work phone

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E-mail address*

County*

NORTHAMPTON
 POCONO
 OTHER

School district where you live*

BANGOR POCONO MOUNTAIN
 PEN ARGYL OUT OF STATE
 OTHER PA EAST STROUDSBURG
 PLEASANT VALLEY STROUDSBURG

NOTE: you will be notified if any of the courses applied for are closed. If all courses are available, you will receive your tuition and fees receipt by mail within ten days of receipt of your registration and payment.

In consideration of this registration and enrollment in Northampton Community College, I the undersigned parent/guardian of minor child, do hereby agree to assume and pay any and all costs and charges including collection costs and attorney fees for delinquent accounts.

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Northampton Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. Every attempt will be made to contact parents. I also authorize the emergency contact listed above to pick up my child in case of emergency. All information on this form is complete, true and accurate to the best of my knowledge.

Parent or Guardian Name*

Parent or Guardian Signature* _____

Date: _____

COURSE INFORMATION COPY FROM COURSE SCHEDULE.

Course Code/Section # <small>Ex. MaART108.(1)</small>	Course Title	Meeting Days					Start Date and Time
		M	TU	W	TH	F	
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For additional space, attach a sheet of paper or include campus worksheet.
 REGISTER ONLINE: northampton.edu/poconosummeryouth.

Make checks payable to Northampton Community College.

MAIL TO: Northampton Community College, Horizons Office
 2411 Rte 715, Tannersville, PA 18372

NOTE: You must complete both sides of this form.