



Continuing Education

Discovery College Registration Form

Select a Campus: LSC-CyFair LSC-Kingwood LSC-Montgomery LSC-North Harris LSC-Tomball

Legal Name of Child _____ Student ID _____
(Last) (First) (Middle Initial)

Nickname: _____ Male Female Birth Date: ____ / ____ / ____ Age: _____ Grade in School This Semester _____

Address: _____ City: _____ State: ____ Zip _____

County: _____ Child's School: _____ School District: _____ ISD _____

Home Phone: _____ Parent Cell Phone: _____ Parent Business Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact No: _____ Alternate No: _____

Child's T-shirt Size

Adult: S M L XL

Youth: S M L

Session Selection

Registration No:	Camp	State Date (mm/dd)	Time of Day	Fee
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
			<input type="checkbox"/> AM <input type="checkbox"/> PM	
Total				

Parent (Guardian) Consent

I approve of my child's enrollment in the Summer Youth program on the Lone Star College campus of my choice. I take responsibility for seeing the he/she complies with appropriate student behavior guidelines. Inappropriate behavior or discipline problems will result in dismissal from this program and a refund will not be given. I also will take responsibility for seeing that my child arrives on campus no earlier than 15 minutes prior to the start of the first session and that he/she is picked up promptly at the end of the last class session. I understand that photographs of my child may be taken during participation in program activities and may be used in future college publications. **Opt Out**, I do not want my child photographed _____
(Initial)

Parent Signature: _____ Date: _____

Print Name: _____

Make Checks Payable to Lone Star College System.
PLEASE PUT EACH CHILD'S NAME ON THE CHECK
Refund Policy: A 100% refund is provided if an "add/drop" form is completed and submitted to the registration office before the start date. No refund is provided after the course begins.

OFFICIAL USE ONLY:
 Initials: _____ Date: _____ Amount: _____
 Telecheck Code: _____ Check #: _____

Charge My: AMEX Discover MasterCard Visa

Name on Card: _____

Card No: _____ Exp. Date (mm/yy) _____ CID _____

Billing Address: _____