Continuing Education

Youth Registration Form

Select a Campus: ❑LSC-Cy Fair ❑LSC-Kingwood ❑LSC-Montgomery ❑LSC-North Harris ❑LSC-Tomball

Legal Name of Child_____ **Student ID**_____
(Last) (First)

Nickname:_____ ❑**Male** ❑**Female** **Birth Date:** _____/_____/_____ **Age:**_____ **Grade in School this coming Fall:** _____

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
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			❑AM ❑PM	
			Total	

Parent (Guardian) Consent

I approve of my child's enrollment in the Summer Youth program on the Lone Star College System campus of my choice. I take responsibility for seeing that 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 a 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 ❑Master Card ❑Visa

Name on Card:_____

Card No:_____Exp Date (mm/yy)_____CID_____

Billing Address:_____