



Summer Middle School Career Camp Registration

Non-Credit Course Registration

Term: Summer

Year: 2019 / 201999

*Return form and payment of \$50 (cash or check, payable to CCC) to any of our locations (Lone Tree, Fourth St., Page). **Limited scholarships available.** You will receive a confirmation email with more information and details a few days after it is submitted. If you do not receive a confirmation, please call 928-526-7652*

Social Security Number (SSN):* _____

Your Coconino Community College Student ID: @ _____

Comet ID: _____

Legal Last Name	First	Middle	Previous Last Name
Mailing Address	City	State	Zip
Cell Phone	Other Phone	Emergency Contact (Name and Phone)	
Gender	Date of Birth (MM/DD/YYYY)	Email Address	
Male Female	____ / ____ / ____		
CRN and Course Number	Course Title	Room Number/Location	Instructor
NAHS 5042	Camp Stronger-EMS/NUR/FSC	Fourth St./C10	Manning/Costa/Goldberg
NCAJ 5001	Crime Scene Investigations	Lone Tree/601	Ramos
NCIS 5018	Coding For Kids	Fourth St./C23	Marshall
NCUL 5029	Culinary Tours Around the World	Fourth St./B35	Dorfsmith
NCTM 5028	Camp Build	Fourth St./Woodshop	Myers/Dries

**You will be assigned a Coconino Community College ID number. Disclosure of your Social Security Number is necessary for IRS purposes and will not be used as your student identification number. I choose not to disclose my Social Security Number. Initials: _____*

Parent Signature: _____

T-Shirt Size (Adult): XS S M L XL

OFFICE USE ONLY	
Entered by:	
Payment:	
Date:	

Emergency Information:

Please include the information prompted below in case of a student emergency.

Family Doctor:	
Phone Number of Family Doctor:	
Additional Contact Person:	
Phone Number of Additional Contact Person:	
Any special needs or medical conditions/allergies of which we should be aware:	