



Continuing Education Adult & Youth Workshop Registration

Today's date _____ First Name _____ Last Name _____

Student ID or J# _____ No J#? Social Security Number (adult only) _____

Date of Birth (mm/dd/yy) _____ Male Female / U.S. Citizen (circle one) Yes/No

Have you ever taken a class at JCC before? Yes No If yes credit non-credit

How did you hear about our workshops? _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Cell Phone () _____ Email Address _____

If registering a minor: Emergency contact person, relationship and phone number:

List all allergies/medical conditions we should know about:

Parent/guardian Signature: _____

I grant permission for JCC to use an image of myself and/or the image of my minor child in printed & electronic/social media marketing. Initial here _____ Name of school child attends, or homeschool _____

Policy: Registration with payment secures a seat in the classroom. To receive a full refund, registrant must call 315-786-2233 within 24 hours business hours (Mon. – Fri.) of the start date. No refund after start date. Continuing Education reserves the right to make changes to workshop date/time and costs. If cancelled by the college, registrant will receive a 100% refund. For inclement weather updates call: 786-6565. The general rule for inclement weather is if campus is closed, the workshop is cancelled.

www.sunyjefferson.edu

Course Code: ex: CED 007 701	Workshop title:	Start Date:	Workshop Cost:

Name, address and phone number of third party payment:
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Enclosed is my personal check or cashier's check, payable to Jefferson Community College. Or: Visa/MasterCard/Discover.

Name on Card _____

Card No. _____

Exp. Date _____ 3 Digit Security Code (CVS) _____