



**Transforming  
Our Community...  
One Student  
at a Time**

# Continuing Education

FOR A BETTER LIFE

## Youth Programs Registration Form

The Youth Programs Permission Slip (next page) **must** be completed and returned with this registration form. Print clearly and complete all sections.

### STUDENT DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address (including apartment number) \_\_\_\_\_ ( ) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Student ID Number \_\_\_\_\_ Gender:  Male  Female Date of Birth (MM/DD/YYYY) \_\_\_\_\_

### PARENT/GUARDIAN DATA

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address (including apartment number) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone  Home  Work  Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

The following questions are required by the U.S. Department of Health, Education, and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

- Sex:**  Male  Female
- Ethnicity:**  Hispanic  Non Hispanic  
 Declined to Identify
- Race:**  American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White  
 Declined to Identify

### CAMPUS PARKING

- I decline campus parking
- I wish to have a permit for parking in Cranford (Complete the information below and add \$10 parking fee)

License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year, Make and Model of Car \_\_\_\_\_

You must pick up your parking permit at the Public Safety Office, at which time you will be required to show a current vehicle registration.



### COURSE SELECTIONS AND FEES (Please enter your course selections)

Course Code-Number	Section Number	Course Title	Start Date (MM/DD/YY)	Course Fee

<b>OFFICE USE ONLY</b>	Pay Code _____ Amount _____	<b>Parking Fee (if applicable)</b>	<b>Total</b>
	Date _____ Cashier _____		

Register by email, or call (908) 709-7600 or (908) 709-7601.  
Continuing Education, Union County College, 1033 Springfield Avenue, Cranford NJ 07016-1599  
Phone (908) 709-7600 • Email coned@ucc.edu



I am financially responsible for all program costs for \_\_\_\_\_  
Student's Name

Your Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Note:** Students are responsible for being aware of and following the Code of Conduct found in the Union County College Student Handbook, available at [www.ucc.edu/go/handbook](http://www.ucc.edu/go/handbook).

Have questions about Union County College Youth Programs? Email us at [youthprograms@ucc.edu](mailto:youthprograms@ucc.edu)

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs. If you or someone attending with you has a disability and is in need of special accommodations, please contact the Coordinator of Services for Students with Disabilities at (908) 709-7164.