

COMSER	<input type="checkbox"/>
KIDCOL	<input checked="" type="checkbox"/>
CONTR	<input type="checkbox"/>

# CLOVIS COMMUNITY COLLEGE

## Kids' College Course Registration Form

Name (Last, First, Middle)	Age	Parents' Name
----------------------------	-----	---------------

Mailing Address/Street or P.O. Box	City/State	Zip
------------------------------------	------------	-----

Best Phone (Home/Cell/Work)	Emergency Contact (Home/Cell/Work)
-----------------------------	------------------------------------

Email Address **\*\*Note: A valid email address is needed to receive registration confirmation\*\***

Course Title \_\_\_\_\_ Fee \_\_\_\_\_

Course Title \_\_\_\_\_ Fee \_\_\_\_\_

Course Title \_\_\_\_\_ Fee \_\_\_\_\_

Course Title \_\_\_\_\_ Fee \_\_\_\_\_

Course Title \_\_\_\_\_ Fee \_\_\_\_\_

Course Title \_\_\_\_\_ Fee \_\_\_\_\_

Scholarship Amount Received \_\_\_\_\_

Total Due \_\_\_\_\_

**Please allow up to 3 business days for scholarship approval. After this period, you may call (575) 769-4038 or (575) 769-4132 to make a payment by phone or visit the college to make a payment in person at the Cashier's window. Thank you!**

**Elizabeth Chavez**

**Clovis Community College**

**Educational Services**

**417 Schepps Blvd, Clovis, NM 88101**

**(575)769-4760**

<http://www.clovis.edu/noncredit>

**For Official Use Only**

**Date:** \_\_\_\_\_

**Invoice Number:** \_\_\_\_\_

**Cashier:** \_\_\_\_\_