



CENTER FOR LIFELONG LEARNING – REGISTRATION FORM

NORTH COUNTRY COMMUNITY COLLEGE - Records Office

P.O. Box 89, 23 Santanoni Avenue
 Saranac Lake, NY 12983
 Fax: (518) 891-4236
 Phone: (518) 891-2915

75 William Street
 Malone, NY 12953
 Fax: (518) 483-2995
 Phone: (518) 483-4550

11 Hawkeye Trail
 Ticonderoga, NY 12883
 Fax: (518) 585-6488
 Phone: (518) 585-4454

STUDENT NAME: _____ **Birth Date:** _____

ADDRESS: _____ **Social Security #:** _____
Number and Street

_____ **E-Mail Address:** _____
City State Zip

TELEPHONE (in case of schedule change) **Day:** _____ **Eve:** _____

Have you ever been convicted of a felony? Yes No

EMERGENCY CONTACT:

NAME: _____ **TELEPHONE (Day):** _____ **(Eve):** _____

Term: _____ **Year** _____

Course Dept., & Code	Course Title **	Start Date	Week Day	Time	Room

*** Services, support and assistance for persons with disabilities can be provided by contacting the ADA/504 Coordinator prior to the beginning of class(es). It is your responsibility to notify us at the earliest opportunity. Documentation of your disability is required.*

Student Signature _____ **Date** _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____ **Date** _____

If the student is under 18 years of age, signature of parent or guardian is needed.

REFUND POLICY: Requests for full refunds must be made to the Records Office BEFORE the first session.

COURSE CANCELLATIONS: CLL reserves the right to cancel any course with insufficient enrollment. Those registered will be notified by e-mail, mail or phone. Classes that must be cancelled due to circumstances beyond the College's control (weather, instructor illness, etc.) will either be rescheduled or, if rescheduling is not possible, a partial refund will be issued.

SENIOR CITIZEN DISCOUNT: Applicants over the age of 60, are eligible to receive a 20% discount on the course fee (does not include book fee), but they must request it at the time of registration.

PAYMENT METHOD (Business Office Use Only)

Cash ____ Check ____ MasterCard/VISA (circle one) ____ **Card #** _____

Exp. Date _____ **Name of Cardholder** _____

Receipt # _____ Amount \$ _____ Date _____ Initial _____

REGISTRATION (Records Office Use Only)

Entered on roster/CAMS _____ Date _____ Initial _____

Receipt sent to student _____ Date _____ Initial _____