

Registration Form

Here's the information you'll need to register online: northampton.edu/lifelearn

* = REQUIRED FIELDS. PLEASE ANSWER YOUTH HEALTH PROFILE QUESTIONS ON REVERSE.

Birth Date*

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Home phone*

			-						
--	--	--	---	--	--	--	--	--	--

Child's Last Name*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Work phone

			-						
--	--	--	---	--	--	--	--	--	--

Child's First Name*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

M.I.

E-mail address*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street or P.O. Box*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County* NORTHAMPTON MONROE OTHER

City*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

School district where you live*

- BANGOR BETHLEHEM EASTON
 MONROE CITY NAZARETH NORTHAMPTON
 PEN ARGYL SAUCON VALLEY WILSON
 OTHER PA OUT OF STATE

State*

Zip code*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NOTE: you will be notified if any of the courses applied for are closed. If all courses are available, you will receive your tuition and fees receipt by mail within ten days of receipt of your registration and payment.

In consideration of this registration and enrollment in Northampton Community College, I the undersigned parent/guardian of minor child, do hereby agree to assume and pay any and all costs and charges including collection costs and attorney fees for delinquent accounts.

If an emergency illness or injury occurs, I (parent/guardian) hereby authorize Northampton Community College to treat and/or send this person to a physician or hospital and authorize the necessary treatment. Every attempt will be made to contact parents. I also authorize the emergency contact listed above to pick up my child in case of emergency. All information on this form is complete, true and accurate to the best of my knowledge.

Parent or Guardian Name*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Parent or Guardian Signature*

Date: _____

COURSE INFORMATION

Course Code/Section # <small>Ex. MaART108.(1)</small>	Course Title	Meeting Days					Start Date and Time
		M	TU	W	TH	F	
()							
()							
()							
()							
()							
()							
()							

For additional space, attach a sheet of paper or include campus worksheet.

REGISTER ONLINE: northampton.edu/lifelearn

Make checks payable to Northampton Community College.

MAIL TO: Northampton Community College, Records Office
3835 Green Pond Rd., Bethlehem, PA 18020

NOTE: You must complete both sides of this form.

Horizons Health Profile

Gather this information so you can complete the online form.

Child's name: _____

Date of Birth (MM/DD/YYYY): _____ Grade Entering in Fall: _____

Mother/father/guardian name: _____ Daytime/cell phone: _____

Mother/father/guardian name: _____ Daytime/cell phone: _____

Emergency contact: _____ Daytime/cell phone: _____

List the people authorized to pick up your child. Authorized person must be at least 16 years old, with a valid ID:

List any allergies including bee stings, hives, asthma, food, medication* and any additional concerns. Enter N/A if not applicable:

*If child takes medication during camp hours, you must complete a medication authorization form. See phone numbers below.

List any documented disabilities or special needs** your child may have. Enter N/A if not applicable:

***If you will be requesting reasonable accommodations, you must contact Horizons for Youth 2 weeks prior to the start of class. You will be required to provide acceptable documentation of the disability and complete an information form. If your child will be accompanied by an adult to classes and/or camp, you are responsible to provide all necessary documentation and clearances for the aide.*

Pictures may be taken during classroom activities, by the instructor, NCC, or the media; which could be used on our web site, in our program booklet or by the media to market the horizons for youth program. Check no below, if you do not want your child photographed.

___ No (By not checking No you are authorizing NCC to use your child's photo)

Parent/Guardian Signature: _____ Date: _____

QUESTIONS?

Need a medication form or disability accommodations? Call us or visit www.northampton.edu/summeryouth

Main Campus and Southside: **610-861-4120**