



MARYGROVE COLLEGE **KIDS' REGISTRATION FORM**
 DIVISION OF CONTINUING EDUCATION AND COMMUNITY SERVICE
www.marygrove.edu

Today's Date _____

Term: Fall Winter Spring Summer

Student's Name _____

DOB ____/____/____ ID # _____

Address _____

City, State, Zip _____

Day Phone ____/____/____ Eve Phone ____/____/____ Cell Phone ____/____/____

Parent/Legal Guardian _____

Address if different from student _____

Emergency Contact _____ Phone # ____/____/____

Person financially responsible: Name _____

DOB ____/____/____ **First 5 digits of SS#** _____

Address _____

City, State, Zip _____

Signature _____

Register me in the following class(es):

Course #	Title	Day/Time	Amt.
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Registration Fee: \$ 5.00

Parking Fee: \$ _____

Total: \$ _____

Payment: Cash Check/MO Charge Staff Grant Employee Voucher

Name on Credit Card _____

Account # _____ Exp. Date ____/____/____

How did you hear about our programs?

Brochure Website Walk-In Former Student Other _____