

Register online: [nmc.edu/kids](http://nmc.edu/kids)  
or mail this form



(please print)

Child's full name \_\_\_\_\_

Child's date of birth \_\_\_\_\_ Male  Female  Grade (fall 2019) \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Parent name \_\_\_\_\_ Parent email \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

COURSE TITLE and GRADE LEVEL	START DATE and TIME	COST
TITLE: ..... (circle one) GRADES or AGES:	DATE: ..... TIME:	
TITLE: ..... (circle one) GRADES or AGES:	DATE: ..... TIME:	
TITLE: ..... (circle one) GRADES or AGES:	DATE: ..... TIME:	
<b>TOTAL</b>		

My child has no medical condition, allergy, or learning need.

My child has a medical condition, allergy, or learning need the staff should know about.

Please let us know what: \_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Registration form and full payment enclosed

Scholarship application, registration form, and partial payment enclosed,  
amount paying \$ \_\_\_\_\_ (use scholarship application to calculate your amount)

Cash  Check (Payable to NMC)  VISA  MasterCard  Discover  AmEx

Credit Card No. \_\_\_\_\_ Exp. \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ CCV# (3 digits) \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Zip \_\_\_\_\_

• **Mail:** NMC-EES, 1701 E. Front Street, Traverse City, MI 49686-3061  
 • **Walk In:** Extended Education office, NMC University Center, 2200 Dendrinos Dr., T.C.  
 • **Fax:** (231) 995-1708 (after faxing, call 231-995-1700 with credit card payment)

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