

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

# CLOVIS COMMUNITY COLLEGE

## Kids' College Course Registration Form

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Name (Last, First, Middle)

Age

Parents' Name

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Mailing Address/Street or P.O. Box

City/State

Zip

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Best Phone (Home/Cell/Work)

Emergency Contact (Home/Cell/Work)

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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: \_\_\_\_\_