

Z ] oFú# SSN must be provided

' Female ' Male

Birth Date: \_\_\_/\_\_\_/\_\_\_

The following information is required by the Coordinating Board of the Texas College and University System:

\_\_\_American Indian or Alaska Native \_\_\_Asian \_\_\_Black or African American \_\_\_White \_\_\_Hispanic or Latino \_\_\_other

Age: \_\_\_ Grade Completed: \_\_\_ Address: \_\_\_\_\_

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

Parent/Guardian Information:

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

1st Emergency Contact number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Pickup Person: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone number of pickup person: \_\_\_\_\_ **Pick up person must show ID to pick up child**

CourseName	CourseNumber	Time	Dates	Tuition/Fees
. L C Winstedding College	CAMP001.001 Early Registration Through 5/7/21	8:00 am-12:00 pm	6/14	\$129
Subtotal				