PRINCE GEORGE'S COMMUNITY COLLEGE CONTINUING EDUCATION

CHILDREN'S DEVELOPMENTAL CLINIC - PARENT REGISTRATION FORM

TERM: SPRING

YEAR: 2020

Please fill out the following parent information:

PGCC Student ID# (if known)________________ Parent's Date of Birth: ___________ Sex: M/F

Last Name______________________________ First Name______________________________ M.I. _________

Permanent Address (street)__________________________________________________ APT.#_______________

City______________________________________________________State_________ Zip Code_______________

E-Mail___________________________________________________________________

Home Telephone ( ) - - - - Other Telephone ( ) - - - -

RESIDENCY (please check one)

☐ P.G. County
☐ Other Maryland County
☐ Out-of-State

LOCATION

☐ PGCC CAMPUS

RACE CODE (please check one) (Required by U.S. Department of Education)

☐ American Indian
☐ Asian
☐ Black/African American
☐ Hispanic
☐ White
☐ Other

** Primary language spoken in the home? ☐ ENGLISH ☐ OTHER (please specify): _____________________________

Check  Syn# (Leave Blank)  Course #  Course Title  Time  Date  Location  Tuition

☐ FAM 318  Parent Education - CDC  10:00-12:15  S, 2/15/-4/25/20  PGCC

I certify under penalties of perjury that the information recorded on this application is correct. I agree to abide by the rules and regulations and policies of the college as presently in effect and/or hereafter enacted. If in the future I change my residence, I understand that it is my responsibility to notify the office of Records and Registration at the College and to provide them with my correct address.

Registration Fee $25.00

TOTAL

PARENT SIGNATURE ___________________________________________ DATE

REGISTRATION DEADLINE: February 7, 2020 (All forms must be completed and received by our office by this date to ensure your child's space.)