



# CENTER FOR LIFELONG LEARNING – REGISTRATION FORM

## NORTH COUNTRY COMMUNITY COLLEGE - Records Office

P.O. Box 89, 23 Santanoni Avenue  
Saranac Lake, NY 12983  
Fax: (518) 891-4236  
Phone: (518) 891-2915

75 William Street  
Malone, NY 12953  
Fax: (518) 483-2995  
Phone: (518) 483-4550

11 Hawkeye Trail  
Ticonderoga, NY 12883  
Fax: (518) 585-6488  
Phone: (518) 585-4454

**STUDENT NAME:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
City State Zip

**TELEPHONE** (in case of schedule change) **Day:** \_\_\_\_\_ **Eve:** \_\_\_\_\_

**Have you ever been convicted of a felony?**  Yes  No

**EMERGENCY CONTACT:**

**NAME:** \_\_\_\_\_ **TELEPHONE (Day):** \_\_\_\_\_ **(Eve):** \_\_\_\_\_

<b>Term:</b> _____	<b>Year:</b> _____
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Course Dept., & Code	Course Title **	Start Date	Week Day	Time	Room

*\*\* Services, support and assistance for persons with disabilities can be provided by contacting the ADA/504 Coordinator prior to the beginning of class(es). It is your responsibility to notify us at the earliest opportunity. Documentation of your disability is required.*

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***If the student is under 18 years of age, signature of parent or guardian is needed.***

**REFUND POLICY:** Requests for full refunds must be made to the Records Office BEFORE the first session.

**COURSE CANCELLATIONS:** CLL reserves the right to cancel any course with insufficient enrollment. Those registered will be notified by e-mail, mail or phone. Classes that must be cancelled due to circumstances beyond the College's control (weather, instructor illness, etc.) will either be rescheduled or, if rescheduling is not possible, a partial refund will be issued.

**SENIOR CITIZEN DISCOUNT:** Applicants over the age of 60, are eligible to receive a 20% discount on the course fee (does not include book fee), but they must request it at the time of registration.

**PAYMENT METHOD (Business Office Use Only)**

Cash _____	Check _____	MasterCard/VISA (circle one) _____	Card # _____	
<b>Exp. Date</b> _____	<b>Name of Cardholder</b> _____			
Receipt # _____	Amount \$ _____	Date _____	Initial _____	

**REGISTRATION (Records Office Use Only)**

Entered on roster/CAMS _____	Date _____	Initial _____
Receipt sent to student _____	Date _____	Initial _____