



# REGISTRATION FORM

Complete all requested information, sign and mail to: Lifelong Learning, Onondaga Community College, 8015 Oswego Road, Liverpool, NY 13090. Fax to: (315) 498-2400. Questions? Call (315) 498-6000.

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Student's Legal Name: \_\_\_\_\_ Student's OCC ID #: \_\_\_\_\_

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Student's Social Security #:        -        -        **OR** Student's Date of Birth: (mo/day/yr)         M     F

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Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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Parents's E-mail: \_\_\_\_\_

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Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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County of Residence: \_\_\_\_\_ Parent's Social Security #        -        -

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Home Telephone: (        )        Cell Phone (        )        Work Phone (        )

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Has student registered at Onondaga Community College before?     YES     NO

If YES, name previously registered under: \_\_\_\_\_

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Ethnicity: (check one---optional)

American Indian or Alaska Native     Asian     Black or African American     Hispanic of any race

White, Non-Hispanic     Native Hawaiian or Other Pacific Islander     Two or more races

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**ALL PARENTS: Please read and sign the following statement:**

**FINANCIAL RESPONSIBILITY AGREEMENT:**

1. By registering for classes at Onondaga Community College, I acknowledge and agree that:
  - I am at least 18 years of age or the parent/legal guardian of a student under the age of 18.
  - I am financially responsible for all charges related to my registration.
2. I understand that if I decide not to attend the courses which I am registering for, that it is my responsibility to drop the course(s) by the due date to avoid any financial liability.
3. For OCC's complete Financial Responsibility Agreement, please reference the College web page under Bursar office.

I hereby apply for registration, and certify that all information I have given to be true and correct. I agree to obey all rules and regulations of Onondaga Community College.

**X** Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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College for Kids is licensed by the Onondaga County Health Department.  
 This camp is inspected a minimum of twice yearly.  
 Inspection reports concerning the camp are on file at:

Onondaga County Health Department  
 Division of Environmental Health

John H. Mulroy Civic Center, 12th Floor  
 421 Montgomery Street  
 Syracuse, NY 13202

Telephone: (315) 435-6617

This law has been in effect since July 11, 1979.



# REGISTRATION WORKSHEET 2015

Questions? Call (315) 498-6000. Register at [sunyocc.edu/cfk](http://sunyocc.edu/cfk)

Student's Legal Name: \_\_\_\_\_

Student's OCC ID #: \_\_\_\_\_

## Week 1 (July 6-10)

**CFK.CE.101-001**

Early Arrival (between 8 and 8:50 a.m.)

**CFK.CE.102-001**

Late Pick-Up (between 4 and 5:30 p.m.)

**LUN.CE.001-001**

Prepaid Lunch Plan

TIME	COURSE PREFIX #	SECTION #	COURSE NAME	<i>Alternate course(s) in case first choice is not available:</i>		
				PREFIX #	SECTION #	COURSE NAME
9 - 10:30						
10:35 - 12:05						
12:55 - 2:25						
2:30 - 4						

## Week 2 (July 13-17)

**CFK.CE.101-001**

Early Arrival (between 8 and 8:50 a.m.)

**CFK.CE.102-001**

Late Pick-Up (between 4 and 5:30 p.m.)

**LUN.CE.001-001**

Prepaid Lunch Plan

TIME	COURSE PREFIX #	SECTION #	COURSE NAME	<i>Alternate course(s) in case first choice is not available:</i>		
				PREFIX #	SECTION #	COURSE NAME
9 - 10:30						
10:35 - 12:05						
12:55 - 2:25						
2:30 - 4						

## Week 3 (July 20-24)

**CFK.CE.101-001**

Early Arrival (between 8 and 8:50 a.m.)

**CFK.CE.102-001**

Late Pick-Up (between 4 and 5:30 p.m.)

**LUN.CE.001-001**

Prepaid Lunch Plan

TIME	COURSE PREFIX #	SECTION #	COURSE NAME	<i>Alternate course(s) in case first choice is not available:</i>		
				PREFIX #	SECTION #	COURSE NAME
9 - 10:30						
10:35 - 12:05						
12:55 - 2:25						
2:30 - 4						