

Kids at College Summer 2009

Lee College Continuing Education

Permission/Emergency Form Registration

This form must be completed, including the parent or legal guardian signature for students 17 years or younger.

Ways to Register

In Person: 909 Decker Drive
 Fax: 281-425-6855 (Visa, MC, Discover)
 For more information call 281-425-6311

By mail: Lee College Continuing Education
 P. O. Box 818
 Baytown, Texas 77522-0818

Student Information *(Please print all information)*

 Last Name First MI

 Address City ST Zip

 Home Phone Birthdate Entering Grade ○ Male ○ Female

 SSN# Student/Parent Email Address

Does this child have any disabilities, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical condition? Yes No

If Yes, please state problems: _____

Parent/Guardian Information

Parent/Guardian	2nd Contact/Relationship
(Home/Cell #)	(Home/Cell #)
(Work #)	(Work #)
Employer:	Employer:

If I cannot be reached, please contact the person listed below.

 Full Name/Relationship Phone Number

In case of emergency, I hereby authorize treatment and/or care as deemed necessary by the Lee College Staff.

 Doctor's Name Phone Number

 Parent's/Guardian Signature Date

COURSE NUMBER	COURSE TITLE	DATES	TIME	FEE

Circle One: VISA MasterCard Discover Cash Check # _____ TDL# _____ Checks payable to Lee College.

Card Number Expiration Date Code Card Holder Name

For office use only _____
Student ID# Enrollment Request ID# Receipt # Date/Initials
CBM _____ RD _____