

# 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 \_\_\_\_\_