EAST CENTRAL COLLEGE	FOR OFFICE USE ONLY			
	Registration Date: Registered by:			
SUMMER LEARNING ACADEMY Registration Form	Invoice #: Roster:  Payments Applied in QB/Roster:			

Name:						
(First)	(Mid	dle Initial)			(Last)	
Date of Birth:	🗆 Male 🗆 Female	Email:				
Address:	c	ìity:		State:	Zip:	
Parent/Guardian Contact Informat	ion:				🗆 Parent	🗆 Guardian
Primary Phone: ()		Secondary I	Phone: (	)		
I grant East Central College permis publicity materials, including, but			bove mentio	oned child,		, in
Parent or Guardian's Signature:			Dat	te:		

□ I agree to practice social distancing, when possible, and wear a face mask or shield while in ECC facilities.

## How did you hear about ECC Summer Camps?

Course Name	Location	Day/Time	Fee			
			\$			
			\$			
			\$			
			\$			
Fees are due at the time of registration to secure your place in class.Total:						
Registration paid by check (make payable to East Central College)		Registration paid by cash (only accepted at the Community Education office in Union)				
Check #:	Amount: \$	Received By:				
Email/Mail to:	By Phone/Fax:	In Person:	In Person:			

Email/Mail to: East Central College Attn: Community Education 1964 Prairie Dell Road • Union, MO 63084 ce@eastcentral.edu By Phone/Fax: Phone: 636.649.5803 Fax: 636.584.8988

East Central College Business & Industry Center 42 Prairie Dell Plaza Drive • Union, MO 63084

## Refund/Withdrawal Policy

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