

 **By Phone or Fax**

315-786-2438
Fax: 315-786-2391
MasterCard, Visa, or Discover



By Mail

Continuing Education
Jefferson Community
College
1220 Coffeen Street
Watertown, NY 13601
MasterCard, Visa, or Discover
or Check/Money Order



In Person

Extended Learning Center
(ELC), Suite 100
MasterCard, Visa, or Discover
or Check/Money Order

Refunds

Before first class: 100%
refund of tuition. 24-hour
notice is required. **Notice
must be given Monday
through Friday only.** Please
allow several weeks for your
refund to be processed.

Changes and Closings

The college reserves the right
to make faculty substitutions
at its discretion. The college
also reserves the right to
cancel any under-enrolled
class and return all fees.
Time and date changes and
other rescheduling may be
made if necessary. In the
event of severe weather or
other emergencies, classes
may be cancelled and every
effort will be made to
reschedule the class. **For
information on emergency
closings, call 315-786-6565.**

Confirmations You are
officially enrolled when
we receive your
registration and payment.
**We will contact you only
if there is a change in
your class. If you are not
contacted, your class will
meet as scheduled. Please
make a note of your
course information.**



Jefferson Express Adult & Youth Registration Form

Today's date _____

First Name _____ Last Name _____

Social Security Number _____

Student ID (this is your J#) _____

Date of Birth _____ MM DD YY Male Female

U.S. Citizen
 Yes No

Mailing Address

City _____

State _____ Zip _____

Home Phone () _____

Business Phone () _____

Cell Phone () _____

Email Address _____

Have you ever taken a class at JCC before? Yes No

If yes, was it credit non-credit

How did you hear about our workshops? _____

What type of technology are you bringing? _____

Catalog Number: ex: CED 007 701, or ETG	Course Title: Ex: Excel	Start Date:	Cost:

Parent/guardian Signature (*Kids camps only*) _____

Emergency contact person, relationship and phone number (*Kids camps only*)

List all ALLERGIES/MEDICAL CONDITIONS we should know about (*Kids camps only*)

**If you grant JCC permission to use an image of a minor child in printed & electronic marketing
bulletins -- Initial here** _____

Is this a gift? _____ Is it a surprise? _____

Phone #, address and name if 3rd party is paying: _____

Enclosed is my check, payable to Jefferson Community College.

-----Cut here-----

Charge to my Visa/MasterCard/Discover

Name on Card _____

Card No. _____

Exp Date _____ 3 Digit Security Code (CVS) _____