



SUMMER REGISTRATION FORM FOR CROZER CHESTER MEDICAL CENTER EMPLOYEES

Name:

Last name

First Name

DOB (mm/dd/yyyy)

Home Address:

Number and Street (& Apt.#)

City

State

Zip

Home Phone

Cell Phone

Social Security Number

Email (must be active):

Term Applying For

HS Grad Year

Email Address

Term

Male/Female:

IPED Ethnicity:

Name of High School:

Please Print the name of your HS

Highest Level of Education Completed: _____

Post-Secondary Education:

2nd Post-Secondary Education (if applicable):

Name:

Name:

Emergency Contact Address:

Please note: we must have either a high school transcript or, if greater than 30 credits, college transcript, to complete your registration process.

Name

Email

Cell Phone

Requested course(s) - *NOTE: all DE courses in 2025 Summer are offered online:*

Summer 1 (May 19, 2025 to June 27, 2025):

Summer 2 (July 1, 2025 to August 8, 2025):

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

By signing this application, I affirm that I know that although tuition is waived, I am responsible for the \$295 term fee (x2 if courses are from both semesters.)

Signature of Student

Date

Manor College | 700 Fox Chase Road | Jenkintown, PA 19046

(215) 884-2218 | FAX: (215) 576-6564

email: AcademicServices@manor.edu