

SUMMER ENRICHMENT CLASSES for Kids REGISTRATION FORM

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| <p style="text-align: center;"><i>Mail-In Registration</i></p> <p>Complete the registration form below and insert your payment. Mail to: Beaufort County Community College Continuing Education Registrar 5337 US 264 East Washington, NC 27889.</p> <p>Cash, money orders, and checks are accepted.</p> | <p style="text-align: center;"><i>Walk-in Registration</i></p> <p>Complete the registration form below and bring it, along with your payment to: Beaufort County Community College Building 8 5337 US 264 East Washington, NC 27889.</p> <p>Our registration window is open Monday through Friday from 8am to 5pm.</p> |
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Student Name _____ Gender M F

Address _____ Highest Grade Completed _____

City _____ State _____ Zip _____

Phone: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____ Home Cell Work Email _____

For statistical purposes only:

Ethnicity: Is student Hispanic or Latino? Yes, Hispanic/Latino No, Non Hispanic/Latino
Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race.

Race: *For individuals who are Non-Hispanic/Latino: Select one or more of the following race categories:*

- American/Alaska Native Black or African American White
 Asian Hawaiian/Pacific Islander

BCCC Spirit Wear T-shirts in kids' sizes will be available for purchase in the Campus Bookstore.

| Course # | Course Title | Date & Time | Fee |
|------------------------------|--------------|-------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Amount Due for Classes | | | \$ |

Payment Method: CASH CHECK CREDIT CARD

Did this student qualify for free or reduced lunch through the public schools in the 2016-2017 school year?
 Yes No

Following registration, parents will be sent a parental consent form, including pickup information and emergency medical contact information, which will need to be signed. We will send these forms to you via mail or email.

Parent Signature: _____ Date: _____

SUMMER ENRICHMENT PROGRAM for Kids 2018 – PARENTAL CONSENT FORM

Student Name: _____

By signing below, I hereby give my permission for the above named child to enroll in the BCCC Summer Enrichment Program for Kids. I understand that I will be responsible for transporting my child to and from the course and that my child will abide by the behavior policy below.

Students are expected to follow class rules and expectations while on campus and off-site locations. Disruptive behavior may result in a student being asked to leave the program and the campus or off-site location.

I understand that disruptive and inappropriate behavior cannot be condoned and could result in dismissal of my child from the program. I release BCCC and the college instructors from liability of injury or accidents and do give my permission to BCCC to secure medical attention if need arises.

PERMISSION TO PHOTOGRAPH

Yes. I give permission for my child to be photographed, video-taped, or interviewed by BCCC while attending class at BCCC for use in possible future marketing for BCCC use.

No. I do not give permission for my child to be photographed or interviewed while attending class at BCCC.

WAIVER OF RESPONSIBILITY

BCCC is not responsible for personal items brought to or left on campus. DO NOT BRING: games, toys, trading cards, electronic devices. All cell phones must be turned off and remain off during class hours. BCCC is not responsible for lost, broken, or missing items. Initial here _____

EMERGENCY MEDICAL INFORMATION

The information in this statement is confidential, for use within the Continuing Education division of BCCC only. BCCC is not equipped to administer any medications to students. Parents/guardians should administer any medication before or after students come to campus.

If the medication is to be taken while the student is in class, the parent/guardian is responsible for coming to campus to administer the medication.

Please list two additional persons that can be notified in case of an emergency. They MUST be able to pick up your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician Name _____ Physician Phone _____

Please answer these questions as completely as possible.

Is your child under a physicians care? Yes No

Does your child have allergies? Yes No

Please list any conditions _____

If so, please list allergies and any medication _____

PICK-UP/GUARDIAN INFORMATION

Please list names and contact information for any persons who are authorized to pick up students. Parents/guardians/other authorized persons will need to show a valid photo ID and sign-in/sign-out the student.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

By signing this form I confirm that I have read the information on this form and that the health information is correct to the best of my knowledge. The child herein described has permission to engage in Summer Enrichment Program activities.

Parent/Guardian Signature _____ Date _____

SUMMER ENRICHMENT PROGRAM REQUIREMENTS

CANCELED CLASSES, CHANGES, & REFUNDS:

Pre-registration is required as courses will be canceled if there are insufficient numbers to present the courses. The College reserves the right to cancel any course before the first class due to low enrollment. The college also reserves the right to change instructors. The registration fee will be refunded **ONLY** if a class is canceled.

BEHAVIOR:

Students are expected to follow class rules and expectations while on campus and off-site locations. Disruptive behavior may result in a student being asked to leave the program and the campus or off-site location.

TRANSPORTATION:

For security purposes, you will be required to accompany your child to and from the classroom. Classrooms are not open until time for class to start, so please do not drop off your son/daughter early. Children will need to be picked up immediately after class ends. Please plan to arrive early to pick up your child and be waiting for them outside the classroom door. You are welcome to stay in the building where your child's class is, but we ask that you do not remain in the classroom.

SIGN-IN/SIGN-OUT:

Students will need to be signed in and out by their parent/guardian or other authorized individual. Persons signing out students will need to present a valid photo ID at the of sign-out.

REGISTRATION:

Registration Information, a Parental Consent Form, and Emergency Medical Form must be completed for registration.