KIDS on campus SCHOOLCRAFT COLLEGE SUMMER 2017

Parent or Legal Guardian:
Please complete the following information.
Submit one form per person. Duplicate this form as needed.

For safety reasons, an email address and completed emergency contact information must accompany the registration. Schoolcraft College reserves the right to delay the registration until both are provided.

Child's Date of Birth ___ /____ /____ **Student's Social Security Number** __ __ __ – __ __ – __ __ __ __ ❍ Male ❍ Female
Required for first-time students.

Returning Students: Student Number __ __ __ __ __ __ __ **OR** SS# ____ ____ ____ ____
Last 4 digits.

Child's Last Name First MI

Grade entering in Fall

Number Street City State Zip

1. Are you Hispanic? ❑ Yes ❑ No

2. Please select one or more races:
❑ American Indian or Alaska Native
❑ Asian ❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander
❑ White

Home Phone Work Phone Alternate Phone (cell)

Email address (REQUIRED)

Section No.	**CES No.**	**Title of Camp/Class**	
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $
__ __ __ __ __ __ __	__ __ __		AMT: $

TOTAL: $

For office use only

❑ Enclosed is my check/money order payable to Schoolcraft College

❑ Charge to VISA/MasterCard/Discover No. Exp. Date

Signature for charge card payment

EMERGENCY CONTACT INFORMATION (MANDATORY)

PLEASE PRINT INFORMATION BELOW

Student's Name Grade Date of birth

Primary Contact Relationship Phone number while student is in class

Address if different from student

Secondary Contact Relationship Phone number while student is in class

Address if different from student

Medical Information: ❒ None ❒ Convulsive Disorders ❒ Diabetes ❒ Allergies (i.e. stings, diet) ❒ Other

Please describe symptoms and precautions

Additional medical information we should know

For Before/After Care Students ONLY: Other person(s) authorized to pick-up student

Other person(s) **not** authorized to pick-up student

While we strive to provide a safe environment, we cannot control what your child will come in contact with because of our open environment. I agree to indemnify and hold harmless Schoolcraft College, its elected and appointed officials, employees, students, volunteers and others working on behalf of the College, for any loss or injury that my child may sustain while participating in the Kids on Campus (KOC) program. In case of an emergency, I ask Schoolcraft College to contact an adult listed on this form. If the College is unable to reach one of us, I authorize the College to secure emergency medical treatment for my child. I understand that Schoolcraft College may take photographs and/or video of my child during camp/class activities that may be used in marketing and publicity of the KOC program. My signature also indicates that I have read and will adhere to the safety and program guidelines listed in the KOC brochure.

Required Signature Date