**Online**  https://webadvisor.schoolcraft.edu

**Important:** Because you are creating an official student record, please be sure to use your CHILD’S information (name, SSN, date of birth) when registering. If your child has taken a class at Schoolcraft before, please LOG IN first, then register. If your child has never taken a class at Schoolcraft, start by clicking on the "Continuing Education (Non-Credit)" link.

If using the online registration option, all emergency contact information will be stored electronically and can be updated via WebAdvisor if information changes.

You may register online until the day before the first class meets.

**Mail-in**

Mail registration form, emergency contact form and payment to:
Schoolcraft College
Cashier/Kids on Campus Summer 2011
18600 Haggerty Rd.
Livonia, MI 48152-2696

You may also use the drop box located in front of the McDowell Center in Livonia.

**Walk-in McDowell Center** (see map on page 3)

Monday–Thursday 8 am to 6 pm
Friday 8 am to 4:30 pm

It is the policy of Schoolcraft College that no person shall, on the basis of race, color, national origin, gender, age, marital status, creed, or disability, be excluded from participating in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.

**Registration Available NOW! Register Early for the Best Class Selection.**

**Cancellations or Class Changes**
Schoolcraft College reserves the right to cancel any class that does not receive a minimum number of registrations; students will be contacted by phone and may select another class or request a full refund. The college may also change the day, time of day, class location or instructor.

**Dropping a Class and Refund Policy**

You can drop a class for a full refund up to the day before the first class meets by written request, or online through WebAdvisor.

Written requests for refunds must be initiated by the student’s parent/guardian and are to be mailed or walked in to the Admissions and Enrollment Center in the McDowell Center in the McDowell Center. The request must contain the following:

- Student name
- Student ID number
- Course number, section number
- A brief statement requesting the refund, signature and date.

The refund policy is:

- Through the day before the first class meets—100 percent course fees.
- Thereafter—no refund.

Note: Credit card payments made online through WebAdvisor will be credited to the account used for payment. All other refunds will be issued by check in the student’s name and mailed to the student’s address on record, or by direct deposit. See Bank Info—Direct Deposit under the Financial Information heading in the WebAdvisor student menu to select the direct deposit refund option.

**Additional Activities for Summer 2011**

Look in our Continuing Education and Professional Development Spring/Summer 2011 schedule—available online late March—for the following physical fitness programs with offerings available to children of all ages.

- Tennis
- Aquatics
- Fencing

**Give a Child the Gift of Learning**

Schoolcraft College gift cards, redeemable for tuition, are available for $25 or more. For more information on this valuable gift idea, please call us at 734-462-4448.
For safety reasons, completed emergency contact information must accompany the registration. Schoolcraft College reserves the right to delay the registration until emergency contact information is provided.

Child's Date of Birth ___ / __ / _____  Student's Social Security Number ___-___-______ ○ Male ○ Female

Returning Students: Student Number ______ OR SS# ______ Last 4 digits.

Child's Last Name ______ First ______ MI ______

Number ______ Street ______ City ______ State ______ Zip ______

Home Phone ______ Work Phone ______ Alternate Phone (cell) ______

Name of Parents or Legal Guardian ______

Email address ______

Section No. ______ CES No. ______ Title of Camp/Class ______

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

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 _____________________________

Child's Doctor _____________________________ Address ______ Phone ______

Doctor's Hospital Affiliation _____________________________ Address ______

Health Insurance Provider _____________________________ Contract/Policy Number ______

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 officers, agents, and employees for any loss or injury that my child _____________ may sustain while participating in the Kids on Campus program. In case of an emergency, I ask Schoolcraft College to contact an adult listed above. 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 Kids on Campus program. My signature also indicates that I have read and will adhere to the safety and program guidelines listed on page 3.

Required Signature ___________________________________________ Date ___________________________