

KIDS ON CAMPUS CONSENT FORM--This section must be completed, signed and submitted at the time of registration. Please print.

Student's Full Name _____ Age _____ Birth Date _____
Student's Home Address _____
Parent or Legal Guardian _____ Email _____
Please check preferred phone contact number: Daytime Phone _____ Cell Phone _____

EMERGENCY CONTACT INFORMATION

Name (Person to contact in the event of an emergency) _____
Daytime Phone _____ Relationship _____

HEALTH INFORMATION FOR THE STUDENT

Name of physician or HMO _____ Phone No. _____
Please list student's allergies: _____
Please list academic or medical conditions of which staff should be aware: _____

Date of last tetanus or DPT shot* _____ ***This date must be completed.**
Is your student currently enrolled in a public school in the United States or a Maryland private school? Yes No
School attended (2008-09) _____ Grade _____

Address _____ NO. AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

If student is not enrolled in a Maryland School, a full immunization record is required before registration is finalized. (Please send record to the Kids on Campus office.)

Is your student exempt from any immunization on medical or religious reasons? Yes No

(continued on back)

PARENTAL CONSENT/RESPONSIBILITIES

Please check box to indicate that you have read these policies.

ATTENDANCE/DISMISSAL

Attendance is taken daily. Parents will be notified of absences using information submitted on consent form. For early dismissals, parents must come to HR100 and sign student out before student will be released from class. At dismissal, students will be supervised until picked up or late policy comes into effect. Identification is not routinely required.

Other arrangements (bike, walk, bus, etc.) Please specify: _____

Parents should not leave their child on campus earlier than 10 minutes prior to the start of the class. **THERE IS NO SUPERVISION FOR YOUR CHILD PRIOR TO THIS TIME; PARENTS TAKE FULL RESPONSIBILITY FOR THEIR CHILD'S BEHAVIOR AND SAFETY.** Students must be picked up promptly after their classes. For 8:30am-12pm classes, students not picked up by 12:15pm will be placed in the supervised lunchroom in the Hickory Ridge Building. For 1pm-4:30pm classes, students not picked up by 4:45pm will be escorted to HVPA140, where they will be in supervised Wind-Down Time. **THERE WILL BE A \$5 LATE FEE CHARGED FOR EVERY 15 MINUTES OF LATENESS.**

MEDICATIONS

HCC will not be responsible for administering medications to the student. If your student will be self-medicating, you are responsible for ensuring that he/she is fully capable of following the prescribed directions. HCC does not supervise self-medication.

PERMISSION TO PHOTOGRAPH **Yes** **No**

My child has my permission to be photographed, interviewed, or videotaped while attending KOC classes for possible use in marketing.

PARENTAL CONSENT AGREEMENT

I approve of my child's enrollment in the Kids on Campus enrichment program and take responsibility for my child's compliance with appropriate student behavior. **DISRUPTIVE AND INAPPROPRIATE BEHAVIOR WILL NOT BE TOLERATED AND WILL RESULT IN DISMISSAL.**

RELEASE OF INFORMATION TO HOWARD COMMUNITY COLLEGE

I authorize the release of my child's grade level to Howard Community College. This information is needed to verify either past or current enrollment in honors, gifted and talented, advanced placement, accelerated courses, or above grade level classes. This information will be submitted to the Maryland Higher Education Commission along with other enrollment data. If further information is needed, please contact Sara Baum, Continuing Education Coordinator, 410-772-4976.

WAIVER OF RESPONSIBILITY

I/we understand and voluntarily assume all risks inherent in the nature of this activity and I/we waive and release all claims, costs, liabilities, expenses and judgements against HCC and release HCC and its representatives arising out of my child's participation in the activity at Kids on Campus. HCC and Kids on Campus are not responsible for personal items brought or left on campus. **DO NOT BRING:** Games, toys, trading cards, electronic devices. All cell phones must be turned off during class hours. HCC is not responsible for lost, broken, or missing items.

THIS FORM MUST BE SIGNED AND DATED TO BE OFFICIAL IN ORDER FOR STUDENT TO BE REGISTERED. I certify the above information to be true and correct to the best of my knowledge. I understand that it is my responsibility to notify the Records Office of any change in the information contained in this application. I will take financial responsibility for my child's tuition payment to HCC.

YOU MUST CERTIFY IN ORDER TO PROCEED: I certify that the information presented here is correct to the best of my knowledge.

Parent's/Guardian's signature _____

Date _____