



KIDZ COLLEGE REGISTRATION FORM
 Complete form and attach payment. Mail to:
 Shawnee Community College
 C/O Sharon Walker
 8364 Shawnee College Road
 Ullin IL 62992

Registration Fee:
\$15.00/Class; unless otherwise indicated.
Payment must accompany registration

IMPORTANT: STUDENTS MUST BE ACCOMPANIED INTO THE COLLEGE BY AN ADULT EACH DAY. SIGN-IN/SIGN-OUT WITH INSTRUCTOR REQUIRED. DROP OFF AND PICK UP WILL BE IN THE ATRIUM AREA OF THE MAIN CAMPUS LOBBY.

Name: _____
 Last First MI

Address: _____
 City State Zip

County of Residence: _____ Social Security Number: ____/____/____
 School: _____

Phone Number: _____ Date of Birth: ____/____/____ Sex: ____ Male ____ Female

Emergency contact and phone #: _____

List special health conditions, allergies, or learning differences: _____


Medications currently being taken: _____

Current Grade Enrolled (circle please)

K 1 2 3 4 5 6

Race: (optional)

____ White ____ Black ____ Hispanic ____ Asian or Pacific Islander
 ____ American Indian ____ Non-resident Alien



A few notes:

- *Complete one form per child!**
- *Registration includes supplies.**
- *Drop off and pick up in Atrium. Parental signature required.**

PLEASE CIRCLE THE COURSES OF YOUR CHOICE

Name of Course	Prefix/Number	Section	Credit	Location and Time	Cost
3/31/10 Karate KIDZ!	PS 0091	01	-	Main Campus 4-6:00	\$15.00
4/7/10 Creepy Crawlers	PS 0129	01	-	Main Campus 4-6:00	\$15.00
4/8/10 Extra Extra Read All About It	PS 0037	01	-	ANNA SCC CAMPUS 4-6:00	\$15.00
4/22/10 Spanish Adventure	PS 0140	01	-	Main Campus 4-6:00	\$15.00
4/27/10 KIDZ in the Kitchen	PS 0006	01	-	Main Campus 4-6:00	\$15.00
5/4/10 Mother Goose Story Hour	PS 0232	01	-	Main Campus 4-5:00	\$10.00

Please make checks payable to Shawnee Community College

PARTICIPATION AGREEMENT AND PRESS RELEASE: As a participant in this program, I understand that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities associated with KIDZ COLLEGE. I agree to waive and relinquish all claims I may have as a result of my child participating in this program against Shawnee Community College, its employees, board member and associates. I authorize Shawnee Community College to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my child's immediate care, and I agree to be responsible for payment of any and all medical services rendered. **I have read and fully understand the Program Details and Waiver and Release All Claims.** I understand that Shawnee Community College may photograph my child during KIDZ COLLEGE and that these photos may appear in newspapers, pamphlets and on the *Shawnee Community College* Website for promotional and informative purposes. I give consent for my child to be photographed and for the photos to be released for these reasons. **I certify that all the information that I have provided on this application is complete and accurate to the best of my knowledge and I agree to observe all of the rules and regulations of the institution at which I am enrolled.**

Parental/Guardian Signature _____ Date _____

Student Signature _____ Date _____

ATTENTION PLEASE

Please be prompt in dropping off and picking up your child. Classes begin at 4:00pm sharp and end at 5:55, **unless otherwise indicated. Students will be in the Atrium with their instructor at 6:00pm for pick up, **unless otherwise indicated.***

**Manners matter at SCC! Students are expected to be on best behavior at all times. College classes are in session. Quiet voices and respectful manners are required! Thanks for discussing this matter with your child. If conduct is unreasonable, parents will be called for an early pick-up.*

**Registration/payment due one week prior to class date.*

