



CORPORATE & COMMUNITY
EDUCATION

2013 Kids' College Registration Application

Part I - Student Information -To be completed by parent or guardian (Please Print)

Student Name _____ Preferred Name _____

Mailing Address _____

Parents' Name(s) _____

Home Phone _____ Work Phone _____

E-mail Address _____

Primary Emergency Contact _____ Contact Location _____ Phone _____

Alternate Emergency Contact _____ Contact Location _____ Phone _____

School District _____

Entering Grade for School Year 2013 / 2014 (Please Circle) 1 2 3 4 5 6

Child's T-Shirt Size (Circle One) **Youth:** S M L **Adult:** S M L XL XXL **Gender:** M F

Please list any special needs your child may have (include allergies to food, disabilities, etc.)

Please list those (other than parents and contacts already listed above) who have permission to pick-up your child from Kids' College; please do not send anyone to pick-up your child who is not listed, without notifying us in advance.

Children will be placed in groups by grade. If you feel it is necessary for your child to be placed in a group with a sibling or friend, who is in the same grade, please list the name below:

GROUP PLACEMENT CANNOT BE CHANGED AFTER THURSDAY, MAY 30.

Part II - Parents' Permission Form

A signature of a parent or guardian is required for participation in BRTC Kids' College.

_____ (student name) has my permission to participate in the BRTC Kids' College program. To the best of my knowledge, he/she has no physical problems which may interfere with normal activities in this program other than stated previously.

I approve of my child's application and enrollment in Kids' College. While my child is enrolled in this program, I will take responsibility for ensuring he/she complies with appropriate student behavior guidelines. Inappropriate behavior or discipline problems will result in dismissal from this program and a refund will not be given.

I will also take responsibility for seeing that my child arrives on campus no more than ten minutes early and will be picked up promptly at 12:30. I understand photographs and videos of my child may be taken during participation in program activities and that they may be used in BRTC publications as well as area media.

I grant the staff at Black River Technical College permission for hospitalization or emergency treatment when necessary for protecting the health and well being of said participant.

In signing this application form, I release Black River Technical College, its representatives, and staff from any and all liabilities during which time my child will be enrolled in Kids' College.

The tuition payment is \$50 and is payable at the time of registration. A \$10 discount will be given for each additional child from the same household. This fee includes at least 16 hours of camp, refreshments, and a Kids' College T-shirt.

Signature of Parent or Guardian

Date

You may register at the Community Education Department, located on the BRTC campus on College Drive, between the hours of 7:30 a.m. and 5:00 p.m., Monday through Thursday. Registration deadline is Thursday, May 23.

You may also mail this form, along with the appropriate tuition payment to:

Black River Technical College
Attention: Kids' College - Community Education
P.O. Box 468
Pocahontas, AR 72455

Please call (870) 248-4180 for additional information or alternate registration.

Affirmative Action Statement:

In keeping with guidelines on Title VI, Section 601, Civil Rights Act of 1964; Title IX, Section 901, Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, this school assures that no person in the United States shall, on the basis of race, color, national origin, sex or handicap be excluded from the participation in, be denied the benefit of, or be subjected to discrimination under any program or activity administered by the school. COMPLIANCE COORDINATOR: Black River Technical College, P.O. Box 468, Pocahontas, AR 72455 870-248-4000.

ADA Accommodations:

Black River Technical College seeks to be in compliance with both the spirit and the letter of the law as stated in Section 504 of the Rehabilitation Act, as amended, and the Americans with Disabilities Act. Students seeking ADA accommodations must contact Mrs. Shana Akers, Director of Disability Support Services, P.O. Box 468, Pocahontas, AR 72455. Phone 870-248-4000 ext. 4011 or Fax 870-248-4100 or Shana.Akers@blackrivertech.org. Contact must be made two weeks prior to beginning date of each enrollment period.