KIDS on campus SCHOOLCRAFT COLLEGE Summer 2024

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 ___ /____ /____ ❑ Male ❑ Female

Returning Students: Student Number _ _ _ _ _ _ _

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: $ _____
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_ _ _ _ _ _ _ _ _ _		_____	AMT: $ _____
_ _ _ _ _ _ _ _ _ _		_____	AMT: $ _____
_ _ _ _ _ _ _ _ _ _		_____	AMT: $ _____
			TOTAL: $ _____

For office use only

❑ Enclosed is my check/money order payable to Schoolcraft College.
(If your check is returned because of insufficient funds, we may redeposit it electronically.)

If paying by credit card, register online at schoolcraft.edu/ocelotaccess or call the Answer Center Monday-Friday, 8 a.m. - 5 p.m. at 734-462-4426 to register and pay by phone.

Emergency Contact Information (required)

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 _____

NEW! Requirement for 2024: Other person(s) authorized to pick-up student _____

Person(s) **not** authorized to pick-up student _____

See page 26 for the Kids on Campus (KOC) Waiver.
The waiver is required to complete your registration.