

### 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 \_\_\_ / \_\_\_ / \_\_\_ Student's Social Security Number \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_  Male  Female  
Required for first-time students.

**Returning Students:** Student Number \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ **OR** SS# \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_  
Last 4 digits.

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Alternate Phone (cell) \_\_\_\_\_  
Email address (REQUIRED) \_\_\_\_\_

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

Section No.	CES No.	Title of Camp/Class	AMT:	\$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____

**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 (MANDATORY)

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 \_\_\_\_\_

**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 elected and appointed officials, employees, students, volunteers and others working on behalf of the College, for any loss or injury that my child may sustain while participating in the Kids on Campus (KOC) program. In case of an emergency, I ask Schoolcraft College to contact an adult listed on this form. 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 KOC program. My signature also indicates that I have read and will adhere to the safety and program guidelines listed in the KOC Parent Handbook.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_