**MAIL-IN, WALK-IN AND FAX REGISTRATION AVAILABLE NOW! REGISTER EARLY FOR THE BEST SELECTION.**

**Mail-in**
Mail registration form, emergency contact form and payment to:
Schoolcraft College
Cashier/Kids on Campus Summer 2010
18600 Haggerty Rd.
Livonia, MI 48152-2696
You may also use the drop boxes located at McDowell Center in Livonia and at Radcliff Center in Garden City.

**Walk-in McDowell Center** (see map on page 3)
Monday, Thursday 8 am to 7 pm
Tuesday, Wednesday, Friday 8 am to 4 pm
New hours beginning June 1:
Monday–Thursday 8 am to 6 pm; Friday 8 am to 4:30 pm

**Fax 734-462-4572**
Fax registration form, emergency contact form and credit card information.

**Online** https://webadvisor.schoolcraft.edu
Online registration is available starting Friday, April 9 at 8 am

**Important:** If your child has taken a class at Schoolcraft before, please LOG IN first, then register. If your child has never taken a class at Schoolcraft, start by clicking on the “Continuing Education (Non-Credit)” link.

If using the online registration option, all emergency contact information will be stored electronically and can be updated via WebAdvisor if information changes.

You may register online until the day before the first class meets.

**Cancellations or Class Changes**
Schoolcraft College reserves the right to cancel any class that does not receive a minimum number of registrations; students will be contacted by phone and may select another class or request a full refund. The college may also change the day, time of day, class location or instructor.

**Dropping a Class and Refund Policy**
You can drop a class for a full refund up to the day before the first class meets by written request, or online through WebAdvisor after April 9.

Written requests for refunds must be initiated by the student’s parent/guardian and are to be mailed or walked in to the Admissions and Enrollment Center in the McDowell Center, or faxed to 734-462-4553. The request must contain the following:
- Student name
- Student ID number
- Course number, section number
- A brief statement requesting the refund, signature and date.

The refund policy is:
- Through the day before the first class meets—100 percent course fees.
- Thereafter—no refund.

Note: Credit card payments made online through WebAdvisor will be credited to the account used for payment. All other refunds will be issued by check in the student’s name and mailed to the address on record.

It is the policy of Schoolcraft College that no person shall, on the basis of race, color, national origin, gender, age, marital status, creed, or disability, be excluded from participating in, be denied benefits of, or be subjected to discrimination during any program or activity or in employment.

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For safety reasons, completed emergency contact information must accompany the registration. Schoolcraft College reserves the right to delay the registration until emergency contact information is provided.

Child’s Date of Birth _____/____/____

Student Number _______ _______ _______ _______ OR SS# _______ Last 4 digits.

Child’s Last Name ____________________ First _______ MI _______

Grade entering Fall 2010

Section No. CES No. Title of Camp

                                                                
                                                                
                                                                
                                                                

Name of Parents or Legal Guardian

Email address

Section No. CES No. Title of Camp

AMT: $ __________________________

AMT: $ __________________________

AMT: $ __________________________

Mail to: Schoolcraft College
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18600 Haggerty Road
Livonia, MI 48152-2696

With a charge card number you can
FAX your registration to 734-462-4572.
A receipt will be mailed to you.

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

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

For Before/After Care Students ONLY: Other person(s) authorized to pick-up student

Other person(s) not authorized to pick-up student

Child’s Doctor ____________________ Address ____________________ Phone ____________________

Doctor’s Hospital Affiliation ____________________ Address ____________________

Health Insurance Provider ____________________ Contract/Policy Number ____________________

Medical Information: ☐ None ☐ Convulsive Disorders ☐ Diabetes ☐ Allergies (i.e. stings, diet) ☐ Other ____________________

Please describe symptoms and precautions ____________________

Additional medical information we should know ____________________

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 officers, agents, and employees for any loss or injury that my child may sustain while participating in the Kids on Campus program. In case of an emergency, I ask Schoolcraft College to contact an adult listed above. 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 Kids on Campus program. My signature also indicates that I have read and will adhere to the safety and program guidelines listed on page 3.

Required Signature __________________________________________ Date __________