METROPOLITAN COMMUNITY COLLEGE

College For Kids

These forms are required to complete registration. Fill, sign and return to Wedenroll@mcckc.edu. If you have any questions or concerns, call 816.604.5254.

Emergency Notification Form

Student's full name:		Gender:	
Date of birth:		Age on first day of camp:	
Street address:	City:	State:	Zip code:
Email address:			
Full name of parent/guardian:		Phone number of parent/guardian:	

Name and phone number of an alternative person(s) to contact in case of an emergency if the parent cannot be located:

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Parent/Guardian Pick-Up Release Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. If we do not know the person coming in to pick-up your child, we will ask for identification. If the person coming to pick-up your child is not on the list, we will not release your child to that person. Students must be dropped off and signed in by in the morning and picked up and signed out in the afternoon by the parent/guardian in the classroom.

List all people, **including yourself**, who are allowed to pick-up your child.

Name	Contact Number	Relationship to Child

Print student's name:	
Print parent/guardian's name:	Relationship to student:
Signature of parent/guardian:	Date:

Authorization for Emergency Medical Care

(To be completed by the parent or guardian)

I expect to be notified at once in case of accident or illness, and I will make arrangements for medical care for my child with the physician or hospital of my choice.

If I cannot be reached to make the necessary arrangements, I hereby authorize the Metropolitan Community College staff to notify any person I have listed above as an alternate, and further authorize that individual to make arrangements for the medical care of my child.

If the situation is an emergency or life threatening, I authorize Metropolitan Community College to seek medical care for my child. I understand that I will be responsible for the cost of all medical services and that MCC bears no responsibility for the cost.

Students must know how to self-administer any medication they require while under MCC's supervision.

Persons with disabilities who desire support services may contact MCC's Disabilities Support Services Office to set up assistance. https://mcckc.edu/disability-services/index.aspx

List below any allergies/medical conditions/current medications that MCC should be aware of:

Name of hospital preference in case of emergency:

Student's primary care provider: (name, address, phone number)

Parent/guardian signature:	Date:

Photo-Video-Audio Consent and Release Form

I do hereby consent and authorize the Junior College District of Metropolitan Kansas City, Missouri aka Metropolitan Community College (MCC), its employees, representatives, and agents to take audio and video recordings, as well as photographs (collectively "Recordings"), of my child during his/her participation in any class, training session, or activity conducted by the MCC with the understanding that these Recordings may be utilized for MCC marketing purposes, and include, but not be limited to, advertising on any and all MCC and related websites and other local and national advertising venues. I do hereby assign to said parties all right, title, and interest in and to all such Recordings and acknowledge that I am not entitled to any form of payment for the use of said Recordings and that no promises have been made to secure my signature to this consent and release. I release MCC and its employees, representatives, and agents, including any firm or person authorized to publish and/or distribute a finished product of the Recordings, from any claims, damages, and liability, including the invasion of the right of privacy, and waive any and all claims that I may forever have in connection with the taking and/or use of the Recordings.

I attest and verify that I am eighteen (18) years of age or over and by signing below I indicate that I have read this document and that I understand and agree to abide with the content in its entirety.

Signature:	Relationship to student:
Date:	

The Metropolitan Community Colleges Waiver, Release, and Indemnification Agreement

The undersigned, on behalf of myself, my heirs, assigns, executors, administrators and/or personal representatives, having been fully advised and informed of the potential dangers of the course/activity listed below, including, but not limited to, loss of life from injury, personal injury, illness and property damage or loss, hereby agrees:
In consideration of being permitted to participate in the course/activity listed below, I agree to defend, hold harmless, indemnify and forever release and discharge The Junior College District of Metropolitan Kansas City, Missouri, its Board of Trustees, officers, employees and agents (the "indemnities") from and against any and all claims, damages, demands, actions or causes of action on account of personal injury, or death, or damage to or loss of personal property whether the same be caused by negligence of the indemnities (but not including intentional torts, gross negligence or activities involving the public interest) which may result from my participation in the course/activity. Additionally, I hereby agree to waive and relinquish my claim I may have against the indemnities arising out of my participation in the course/activity. I understand and acknowledge that no medical, liability, or other insurance coverage will be provided for me by the indemnities for this activity.
If I am under the age of 18 years old, this agreement has been executed by my parent(s) and/or guardian(s) on my behalf.

Course/activity name
Date(s) of course/activity
Campus location(s) of course/activity
Participant signature (or parent/guardian if under 18)
I do have personal health insurance. Insurance Company:
Date

Discipline Policy / Parent-Guardian Agreement

The goal of College for Kids is to provide unique learning experiences in an environment conducive to enrichment and fun. Because students choose to participate, we rarely experience behavioral problems. Although College for Kids camps are less structured than traditional school classes, we do expect all students to respect classmates and instructors and to behave in a manner that facilitates the learning process. Behaviors such as name-calling, hitting, foul language, excessive noise, misuse/destruction of supplies, etc. will not be tolerated. When a student's behavior becomes disruptive to the class, the following steps will be taken:

1. The instructor will discuss the problem with the student, explaining the rules and acceptable behavior and asking questions to be certain the student understands his/her offense. The student will then be allowed to return to the activity.
2. If negative behavior continues or is repeated, the instructor will notify the program supervisor and the student will be placed in a designated TIME-OUT area for 15 minutes. The student may then return to the camp after he/she has made a satisfactory commitment to behave appropriately. The parent/guardian will be notified.
3. If the problematic behavior continues, and the student does not respond to opportunities to modify that behavior, the privilege to attend College for Kids will be withdrawn immediately. NO REFUNDS WILL BE ISSUED.

Parent/Guardian & Child/Teen Agreement
I have discussed the policies outlined above with my child and we understand that he/she must abide by the rules established by the College for Kids administration and instructors. I agree to accept and to comply with the conditions of the College for Kids discipline policy.

Parent/guardian signature:
Student signature:
Date: