

Directions for completing the official *Continuing Education Registration Form* (next page):

- On the following page (page 2), complete **only the highlighted sections of the form** using your child's personal information, except for the telephone number and e-mail address fields; please use a parent/guardian's contact information so that we reach you before and during camp if necessary.
- This official registration form **MUST** be completed and included in the packet in order for us to register your child.
- Please use blue or black pen, print clearly, and provide the most up-to-date contact information.
- We cannot accept this form if there is any correction fluid or tape on the form.
- Return this a variety of ways:
 - Williston - return to AJ Johnson
 - West Pender - return to DeMarrio Lee
 - via email to a aljohnson493@mail.cfcc.edu
 - Mail to: CFCC - U550, 502 N. Front Street, Wilmington, NC 28401
 - Call 910-362-7370 for additional help



411 N. Front St. Wilmington, NC 28401-3910

CONTINUING EDUCATION REGISTRATION FORM

PLEASE PRINT CLEARLY

COURSE TITLE Summer Camp			
SOCIAL SECURITY NUMBER		IDENTIFICATION NUMBER	
COUNTY		TELEPHONE: HOME () ()	
WORK () ()		CELL () ()	
ADDRESS		EMAIL ADDRESS	
CITY		STATE	
ZIP CODE		EMPLOYMENT STATUS: (CHECK ONE)	
BIRTH DATE: MM/DD/YY		<input type="checkbox"/> RETIRED (R)	
<input type="checkbox"/> MALE (M)		<input type="checkbox"/> UNEMPLOYED-Not Seeking Employment (UN)	
<input type="checkbox"/> FEMALE (F)		<input type="checkbox"/> UNEMPLOYED-Seeking Employment (US)	
<input type="checkbox"/> HISPANIC/LATINO (HIS)		<input type="checkbox"/> EMPLOYED 1-10 Hours per week (E1)	
<input type="checkbox"/> NON HISPANIC/LATINO (NHS)		<input type="checkbox"/> EMPLOYED 11-20 Hours per week (E2)	
<input type="checkbox"/> AMERICAN/ALASKA NATIVE		<input type="checkbox"/> EMPLOYED 21-39 Hours per week (E3)	
<input type="checkbox"/> ASIAN		<input type="checkbox"/> EMPLOYED 40 or more Hours per week (E4)	
<input type="checkbox"/> BLACK/AFRICAN AMERICAN		EMPLOYER	
<input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER		DRIVERS LICENSE NUMBER	
<input type="checkbox"/> WHITE		Have you previously attended Continuing Education courses at CFCC? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGHEST EDUCATION LEVEL (REQUIRED)		COURSE START DATE	
Non Graduate - Enter Highest Grade Completed 0 -11			
<input type="checkbox"/> 12 High School Graduate			
<input type="checkbox"/> 13 GED			
<input type="checkbox"/> 14 Adult High School Diploma			
<input type="checkbox"/> 15 One-year Vocational Diploma			
<input type="checkbox"/> 16 Associate Degree			
<input type="checkbox"/> 17 Bachelor's Degree			
<input type="checkbox"/> 18 Master's Degree or Higher			
Are you taking this course for certification or recertification? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, name of certifying agency _____			
Professional Contractor's License Number _____			
PERMISSION TO RELEASE PHOTO FOR PUBLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO			
TUITION FEE WAIVED: <input type="checkbox"/> EMERGENCY SERVICES / AGENCY _____ <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER			
<input type="checkbox"/> OTHER _____			
HRD TUITION AND FEE WAIVER – VERIFICATION STATEMENT The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List/Combined Course Library (MCL/CCL) as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he/she meets at least one of the criteria by completing and signing this form. I qualify for a tuition and fee waiver under the following criteria: <input type="checkbox"/> 1. I am currently unemployed. <input type="checkbox"/> 2. I have received notification of a pending layoff. <input type="checkbox"/> 3. I am working and eligible for the Federal Earned Income Tax Credit. <input type="checkbox"/> 4. I am working and earn wages at or below 200% of the federal poverty guidelines.		DISABILITY SUPPORT SERVICES Disability Support Services is available for students who require disability accommodations. Phone: (910) 362-7012 or (910) 362-7158. Fax: (910) 362-7080. REFUND POLICY A 100% refund will be given only if a written or emailed refund request is received by the CE Department prior to the course start date or if the course is cancelled by the College. A 75% refund will be given only if a written or emailed refund request is received by the CE Department by the 10% date of the course. OCCUPATIONAL EXTENSION COURSE REPETITION POLICY Students are allowed to take the same course twice within a five (5) year period and pay the amount prescribed for the course. The third time a student takes the same course he/she will be charged the full cost of the course at a specified rate per hour as set by the North Carolina Administrative Code. The full cost of the course must be paid at time of registration.	
STUDENT SIGNATURE		DATE	
FOR OFFICE USE ONLY			
SECTION ID	SEMESTER	INSTRUCTOR	LOCATION

FEES RECEIVED FROM STUDENT:

TUITION FEE _____
TECH/OTHER FEE _____
TOTAL RECEIVED _____
VISA/MC AUTH # _____

CHECK # _____
☐ CASH ☐ MO _____
BUDGET CODE _____
DATE RECEIVED _____

CE REP INITIALS _____



PARENTAL CONSENT FORM

Student's Birth Name (Please print clearly): _____
Last First Middle

Date of Birth: ____/____/____ **Age:** ____ **Parent Telephone:** _____

I give my consent for the above-named student to participate in the summer camp program offered by Cape Fear Community College. The student information that I have entered on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Relationship to the above-named minor: _____

RELEASE FORM

Cape Fear Community College will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or damages will occur. We, therefore, require each participant to read and sign the following form before participating.

I, _____, consent and agree for my child, _____,
(Parent/Guardian's Printed Full Name) (Student's Full Name)

to participate in the summer camp program at Cape Fear Community College.

Please Initial Each of the Following Statements:

_____ I hereby release and forever hold harmless Cape Fear Community College, its officers, officials, agents, and employees from any responsibility, cause of action, claims and/or demands for bodily or personal injuries to my child, damage to my personal property or injury/damage to property of others caused by, growing out of, or resulting from my child's participation in CFCC Summer Camp program, which includes without limitation, all activities presented by the instructor and any use of premises, facilities, or equipment.

_____ My child is in proper physical condition to participate in this summer camp program. In addition, I fully understand that Cape Fear Community College, its officers, officials, agents and employees are under no obligation or duty to provide a physical examination, which is my sole duty and responsibility.

_____ I fully understand that my child must be willing to follow instructions and behave properly during camp. Inappropriate horseplay or repeated refusal to follow safety instructions may result in my child's removal from further camp activities, and I will be asked to send an authorized individual to pick up my child.

_____ I fully understand that participation in this summer camp program is purely voluntary and that the activities of said program may involve risks and hazards of bodily injury or property damage substantiated through participation.

I have read this document in its entirety. I understand that this document releases Cape Fear Community College, its officers, officials, agents and employees from any liability from my child's participation in the above described activity.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL INFORMATION

Child's Full Name: _____ Age: _____

1. Does your child have any known allergies, including food allergies?

NO _____ YES _____ (please elaborate):

2. Does your child take any medications? This information is necessary in the event of emergency medical attention. If medications need to be administered while at camp, please elaborate below.

NO _____ YES _____ (please elaborate):

3. Does your child have any behavioral/emotional needs in which we may need to be aware?

NO _____ YES _____ (please elaborate):

4. Does your child have any physical needs or restrictions in which we may need to be aware?

NO _____ YES _____ (please elaborate):

5. Please list any additional information that you think our staff should know:

EMERGENCY CONTACTS

Name of Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Please provide at least one additional emergency contact who is not a parent/guardian:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

CHILD PICK-UP AUTHORIZATION FORM

Safety is of utmost importance to us. Supervised drop-off/pick-up will be available. To protect your child, we request that you provide a list of people (including yourself, family, babysitters, etc.) who are authorized to pick up your child during the week of camp. Staff may request to see the driver's license of anyone picking up a child. Those not listed below will not be allowed to pick up your child. If there is a change in the following list, you must notify us immediately, 910-362-7370.

The following individuals are authorized to pick up my child, _____.
(Child's Full Name)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____