SUMMER CAMP 2023 - Jr. Bison Business Career Exploration

WORKFORCE CONTINUING EDUCATION SERVICES

REGISTRATION FORM

3000 Wayne Memorial Drive | Goldsboro, North Carolina 27534 | 919-739-6900 | www.waynecc.edu

			CAMP I	INFORMATION			
	Rising 6 th -8 th Grade	June 26-29	1 PM to 4 PM	Spruce Building - Ro	.oom 142	Cost: <u>\$60</u>	CID #90043
	Rising 9th-12th Grade	June 26-29	9 AM to 12 PM	Spruce Building - Ro	oom 142	Cost: <u>\$60</u>	CID #90042
		Drop off/pick (s is at the front of the Spruce B	<mark>Building</mark>		
			310 <i>0</i> -N	T INFORMATION			
Las	st Name:		First Name:		Middle Name:		
SS	SN #:		Birthdate (mm/dc	:/yyyy):	Sex: 🗆	Male ☐ Fema	ale
Mailing Address:				_ County of I	Residence:		
Cit	ty:			State:	Zip	Code:	
E,	Ethnic/Race: American/A	Alaska Native	Asian Black or Afr	rican American 🔲 Hawaiiar	n/Pacific Islander	☐ Hispanic ☐	White
i	Employment Status: ☐ \	Unemployed – §	Seeking <i>Employ</i>	red: □ 21 – 39 hours □	☐ 11 – 20 hours	☐ 1 – 10 hour	rs
	ghest Grade Completed:						
				RDIAN INFORMATION			
Pi	Parent/Guardian Name:						
	Primary Phone: ()				lome ☐ Bus	siness	Phone
	Other Phone: ()			_	_	siness	
					_	_	
	-mail Address:						
Sec	econdary Person To Notify	y :					
Pri	imary Phone: ()_			Phone Type:	☐ Home ☐	Business	Cell Phone
Otł	her Phone: ()_		WEDICA	Phone Type:	☐ Home ☐	Business	Cell Phone
M	Medical Conditions of Part	rticinant:		L INFORMATION			
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lvı.	Medications Participant is	Allergic to.					
	Land that Mayna Comr	- ' Callaga dos		TAL PERMISSION	for students	hand in attidant of	that
	understand that Wayne Comm Wayne Community College ass						imps and mai
	☐ My student is covered under	r my personal insu	rance policy that is curre	ent and now in effect.			
	Company:						
	☐ My student is covered under hrough my employment.	r medical services	provided through the Un	ited States Military and/or oth	her governmental a	gency or organization	n, or otherwise
C.	Company:		Policy or	Claims No.:			
	☐ My student has no medical ir rom any accident or injury durir		e and I agree to be fully r	responsible for all uninsured e	expenses for medic	al services and treat	ment resulting
cu su ho	GRANT PERMISSION for my custodial parent/guardian, I here supervising the camp to do any nospital or other institution by a nealth care shall be effective wi	reby give permissic y acts and give any any physician, dent	on for my child to receive y required consents which tist, nurse or other persor	ch may be necessary or proper on whose services may be nee	nile attending this ca er to provide for the eded for such health	amp, and authorize the health care of my chi	nose nild at any

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Release for Marketing & Media Relations for Person	ns Under 18 Years of Age						
If you have not reached your 18 th birthday, your parent/guardian must sign this form.							
I,, hereby authorize Wayne Community College to record, tape, film, photograph, digitize or otherwise preserve in permanent form the name, likeness, image, biographical material, voice and/or statements of, who is my child or child for whom I am the legal guardian.							
I agree that any such recordings may be used and reused in whole or in part for electronic or print publication, broadcast, cablecast, multimedia production, Internet distribution, closed circuit exhibition, illustration, advertising, promotional purposes, and/or educational distribution as deemed fit by Wayne Community College, in perpetuity, throughout the world.							
I also release Wayne Community College and its officers, agents, designees, faculty and employees from any and all claims based on the use of such recordings and agree to hold Wayne Community College harmless from any and all claims by third parties, including any claim based on allegation of copyright infringement from any submitted statements.							
OR							
I,, <u>DO NOT</u> authorize Wayne Community College to record, tape, film, photograph, digitize or otherwise preserve in permanent form the name, likeness, image, biographical material, voice and/or statements of, who is my child or child for whom I am the legal guardian.							
· NOTE: SEE REFUND POLICY BELOW · Your signature indicates that all information is accurate, and you have read & understand the Refund Policy.							
Student Signature:	Date:						
Parent/Guardian Signature:	Date:						
• FOR OFFICE USE ONLY •							
RCTP # Payment Processed By: Date:	☐ Sent to Business Office – By: Date:						
Payment Type: ☐ CASH ☐ Credit – CONF#:	TOTAL \$						

REFUND POLICY FOR CONTINUING EDUCATION SERVICES COURSES

The refund policy for Continuing Education Services courses, as established by the N.C. General Assembly, allows a 75 percent refund, after the respective class begins, upon the request of the student if the student officially withdraws from the class prior to or on the 10 percent point of the scheduled hours of the class.

A 100 percent refund shall be made if the student officially withdraws prior to the first day of the course. Also, a student is eligible for a 100 percent refund if the class in which the student is officially registered is cancelled due to the insufficient enrollment.

There are no refunds for self-supporting classes. Under this policy, the college shall notify the student of the right to receive a refund at the time of official withdrawal.

Wayne Community College encourages persons with disabilities to participate in its programs and activities. If you anticipate needing accommodation or having questions about access, please contact the Disability Services Counselor at 919-739-6729. Please allow sufficient time to arrange accommodation.

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our website at, http://www.waynecc.edu/institutional-effectiveness/ipeds/.

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, 404-679-4500, http://www.sacscoc.org, for questions about the accreditation of Wayne Community College. The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: http://www.sacscoc.org/principles/

The purpose for publishing the Commission's access and contact numbers is to enable interested constituents (1) to learn about the accreditation status of the institution, (2) to file a third-party comment at the time of the institution's decennial review, or (3) to file a complaint against the institution for alleged non-compliance with a standard or requirement. Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.

The College's annual safety and security report is available online at www.waynecc.edu/safe-wayne/campus-safety-and-security-report/ or in the Office of Campus Police and Security. Student Right-to-Know: Information regarding the persistence rate of enrolled students toward graduation and transfer-out-rate is available in the Office of Admissions and Records. Student rights under FERPA are available at http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html or in the Office of Admissions and Records and in the Office of Counseling Services.

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