

SUMMER CAMP 2024 – Jr. Bison Summer Math Academy

WORKFORCE CONTINUING EDUCATION SERVICES

REGISTRATION FORM

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

CAMP INFORMATION

Rising 6th-8th Grade June 24-27 1 PM to 4 PM Spruce Building - Room 142 Cost: **\$60** CID #94514

****Drop off/pick up location for all camps is at the front of the Spruce Building****

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

SSN #: _____ Birthdate (mm/dd/yyyy): _____ Sex: Male Female

Mailing Address: _____ County of Residence: _____

City: _____ State: _____ Zip Code: _____

Ethnic/Race: American/Alaska Native Asian Black or African American Hawaiian/Pacific Islander Hispanic White

Employment Status: Unemployed – Seeking **Employed:** 21 – 39 hours 11 – 20 hours 1 – 10 hours

Highest Grade Completed: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Primary Phone: (_____) _____ Phone Type: Home Business Cell Phone

Other Phone: (_____) _____ Phone Type: Home Business Cell Phone

E-mail Address: _____

Secondary Person To Notify: _____

Primary Phone: (_____) _____ Phone Type: Home Business Cell Phone

Other Phone: (_____) _____ Phone Type: Home Business Cell Phone

MEDICAL INFORMATION

Medical Conditions of Participant: _____

Medications Participant is Allergic to: _____

PARENTAL PERMISSION

I understand that Wayne Community College does not carry any health, accident, or other similar insurance for students involved in student camps and that Wayne Community College assumes no liability for any such medical expenses. Based on this understanding, I certify as follows:

My student is covered under my personal insurance policy that is current and now in effect.

Company: _____ Policy or Claims No.: _____

My student is covered under medical services provided through the United States Military and/or other governmental agency or organization, or otherwise through my employment.

Company: _____ Policy or Claims No.: _____

My student has no medical insurance coverage and I agree to be fully responsible for all uninsured expenses for medical services and treatment resulting from any accident or injury during the camp.

I GRANT PERMISSION for my child, _____ to participate in the planned student camp(s) named above. As the custodial parent/guardian, I hereby give permission for my child to receive proper medical attention while attending this camp, and authorize those supervising the camp to do any acts and give any required consents which may be necessary or proper to provide for the health care of my child at any hospital or other institution by any physician, dentist, nurse or other person whose services may be needed for such health care. This consent to provide health care shall be effective with the date the camp commences and extend through the last day of the camp.

Release for Marketing & Media Relations for Persons Under 18 Years of Age

If you have not reached your 18th 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, _____, **DO NOT** 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: _____	<input type="checkbox"/> Sent to Business Office – By: _____ Date: _____
Payment Type: <input type="checkbox"/> CASH	<input type="checkbox"/> 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.