

SUMMER CAMP 2019 – Allied Health Career ExplorationWORKFORCE CONTINUING EDUCATION SERVICES

REGISTRATION FORM

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

	CAMP INFO	RMATION				
Rising 6 th -8 th Grade June 17-20	June 17-20 9:00 AM to 12:00 PM Holly Building - Room 223 Cost: \$60 CID				60 CID #74584	
Rising 9 th -12 th Grade June 17-20	1:00 PM to 4:00 PM	Holly B	uilding - Room	223 Cost: \$6	<u>60</u> CID # 74585	
	STUDENT INF	ORMATION				
_ast Name:						
SSN #:	Birthdate (mm/dd/yyyy):		Sex: Male Female			
Mailing Address:			County of Residence:			
City:		State:		Zip Code:		
Ethnic/Race:	☐ Asian ☐ Black or Af	Asian Black or African American		☐ Hawaiian/Pacific Islander ☐ Hispanic ☐ White		
Employment Status: Unemployed –	Seeking <i>Employed:</i>	☐ 21 – 39 ho	ours 🗌 11	– 20 hours [☐ 1 – 10 hours	
Highest Grade Completed:						
	PARENT/GUARDIA	N INFORMATI	ION			
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 Conditions of Participant: Medications Participant is Allergic to:						
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I understand that Wayne Community College does not Wayne Community College assumes no liability for a					ent camps and that	
My student is covered under my personal insuran	ce policy that is current and	now in effect.				
Company: Policy or Claims No.:						
$\hfill \square$ My student is covered under medical services prothrough my employment.	vided through the United St	ates Military and/o	or other governme	ntal agency or orgar	nization, or otherwise	
Company:	Policy or Claims No.:					
$\hfill \square$ My student has no medical insurance coverage a from any accident or injury during the camp.	nd I agree to be fully respon	sible for all uninsu	red expenses for	medical services an	d treatment resulting	
I GRANT PERMISSION for my child, custodial parent/guardian, I hereby give permission for supervising the camp to do any acts and give any red hospital or other institution by any physician, dentist, health care shall be effective with the date the camp	or my child to receive prope quired consents which may nurse or other person whos	r medical attention be necessary or place se services may be	while attending the roper to provide for eneeded for such	or the health care of	orize those my child at any	

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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,						
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:						
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 class of the academic semester or term as noted in the college calendar. 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 Lisa Newkirk at 919-739-6931 or Idnewkirk@waynecc.edu. 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 Web site at, http://www.waynecc.edu/gainful-employment/.

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.asp

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/campus-police-and-security/ 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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