



Registration Form

Social Security Number _____ - _____ - _____

According to the IRS standards in regulation section §1.6050S-1 (see section 6723), Highland Community College is required under penalty of perjury to show we have in good faith complied with Internal Revenue Service (IRS) regulations to solicit for a valid social security number (SSN).

Name _____
 Last First Middle (Required, if none, write N/A)

Address _____

City _____ **State** _____ **Zip Code** _____ **Phone** (include area code) () _____

Date of Birth _____ **Sex:** ___ Male ___ Female

1. Are you Hispanic or Latino (OR are you of Spanish Origin)?
 ___ Yes Hispanic or Latino – If yes, skip to # 3.
 ___ Not Hispanic or Latino

2. Please identify your primary racial/ethnic group (Select One)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Hispanic or Latino
- ___ Native Hawaiian or Other Pacific Islander
- ___ White
- ___ Choose Not to Respond

3. Are you from one or more of the following racial groups? (Select all that apply)

- ___ American Indian or Alaska Native
- ___ Asian
- ___ Black or African American
- ___ Native Hawaiian or Other Pacific Islander
- ___ White
- ___ Choose Not to Respond

4. Are you in the U.S. on a Visa – Non-resident Alien?

- ___ Yes in the United States on a Visa.
 Provide Home Country of Origin _____
- ___ Not in the United States on a Visa

5. Highest Degree Earned ___ Associate

___ Bachelor's ___ Master's ___ Doctorate

6. High School Graduate ___ Yes ___ No

Year ___ School _____ City _____

7. GED ___ Yes ___ No State _____

Course fees are refundable when a course is canceled by the College. Fees are refundable to the student whose written request for withdrawal has been received by the Office of Admissions and Records prior to the beginning of the class.

Course ID #	Course Title	Cost
		\$
		\$

Payment must accompany registration form:

___ Full Payment by Check (Check # _____) Make Checks payable to Highland Community College.

___ Full Payment by Credit Card (Highland will call you for credit card number to process over phone.)

Preferred phone () _____ - _____

As consideration for being permitted by Highland Community College, the State of Illinois ("State"), the County of Stephenson (the "County"), and any lessor of Highland Community College premises ("Lessor"), to participate in Lifelong Learning courses and use Highland Community College premises and facilities, I (the undersigned) forever release the College, the State, the County, the Lessor, any Highland Community College affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities

 Student's Signature

 Date

Mail registration with check to: Attn: Admissions, Highland Community College, 2998 W Pearl City Rd, Freeport, IL 61032
 7fYUjY YHYW 7Ua dgzd YUgYVca d YH dUj Y &

2018 Creative Tech Camps for Kids Registration Form

Please use one form per child.

PLEASE PRINT CLEARLY

 Child's Name

 Grade as of 6/1/18

 Age as of 6/1/18

 Date of Birth

 Sex

 Home Phone

 Emergency Phone

 Father's Name

 Work Phone

 Mother's Name

 Work Phone

 Email Address

YMCA Member Yes No

RETURN with FULL PAYMENT PER SESSION TO:
 Admissions, Highland Community College, 2998 W.
 Pearl City Road, Freeport, IL 61032.

Make checks payable to:
 Highland Community College

Check # _____ in the amount of \$ _____ is enclosed for payment.

Call 815-599-3403 or 815-599-3414 for more information.

PARENT/GUARDIAN WAIVER

Highland Community College has permission to transfer my child, named above, off the property for the purpose of medical care of program activity as deemed appropriate by the director. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment, to order injection, anesthesia or surgery for my child as named above.

I further give permission to the YMCA to take photographs of my child to use for YMCA publications and advertising. I (parent/guardian) have read and agree to all the conditions of this application.

 Date Parent/Guardian Signature

Please select desired sessions by circling the session.

Creative Tech Camps for Ages 8-11 years old			
Minecraft Designers	June 18-22	Ages 8-11	8:30-11:30 am
Make Your First 3d Game	June 25-29	Ages 8-11	8:30-11:30 am
Virtual Reality*	July 9-13	Ages 8-11	8:30-11:30 am
Minecraft Modders	July 16-20	Ages 8-11	8:30-11:30 am
App Attack!	July 23-27	Ages 8-11	8:30-11:30 am
Game Labs	July 30-Aug. 3	Ages 8-11	8:30-11:30 am
ROBLOX	Aug. 6-10	Ages 8-11	8:30-11:30 am

Creative Tech Camps for Ages 11-14 years old			
Minecraft Designers	June 18-22	Ages 11-14	12:30-3:30 pm
Make Your First 3d Game	June 25-29	Ages 11-14	12:30-3:30 pm
Virtual Reality*	July 9-13	Ages 11-14	12:30-3:30 pm
Minecraft Modders	July 16-20	Ages 11-14	12:30-3:30 pm
App Attack	July 23-27	Ages 11-14	12:30-3:30 pm
Game Labs	July 30-Aug. 3	Ages 11-14	12:30-3:30 pm
ROBLOX	Aug. 6-10	Ages 11-14	12:30-3:30 pm

The Freeport YMCA will be able to provide care before, after, or wrap around (before and after) camp if needed. They offer three options:

1. Before care, 6:30 a.m. until the start of class, includes breakfast
2. After care, after class until 6 p.m. includes pm snack
3. Wrap around care 6:30 until the start of class and after class until 6 p.m., includes breakfast, lunch, PM snack, and swim every day

_____ # of camps X \$150.00 = \$ _____

_____ *virtual reality glasses x \$20 = \$ _____

_____ # of wk. before care (8-11) X \$36 = \$ _____

_____ # of wk. before care (11-14) X \$54 = \$ _____

_____ # of wk. after care (8-11) X \$54 = \$ _____

_____ # of wk. after care (11-14) X \$36 = \$ _____

_____ # of wks. wrap-around care X \$70 = \$ _____

Total \$ _____