



**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  
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# 2019 Creative Tech Camps for Kids Registration Form

*Please use one form per child.*

**PLEASE PRINT CLEARLY**

\_\_\_\_\_  
 Child's Name

\_\_\_\_\_  
 Grade as of 6/1/19

\_\_\_\_\_  
 Age as of 6/1/19

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Sex

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Emergency Phone

\_\_\_\_\_  
 Father's Name

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Mother's Name

\_\_\_\_\_  
 Work Phone

\_\_\_\_\_  
 Email Address

**Please select desired sessions by circling the session.**

Creative Tech Camps			
Minecraft Designers	June 17-21	Ages 8-14	8:30-11:30 am
Make Your First 3D Game	June 24-28	Ages 8-14	8:30-11:30 am
Python Programmers	July 8-12	Ages 8-14	8:30-11:30 am
Minecraft Modders	July 15-19	Ages 8-14	8:30-11:30 am
App.IO	July 22-26	Ages 8-14	8:30-11:30 am
Battle Royale	July 29-Aug. 2	Ages 8-14	8:30-11:30 am
ROBLOX	Aug. 5-9	Ages 8-14	8:30-11:30 am
Make Your First 3D Game	Aug. 12-16	Ages 8-14	8:30-11:30 am

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

**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 Highland Community College to take photographs of my child to use for publications and advertising.  
 I (parent/guardian) have read and agree to all the conditions of this application.

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ is enclosed for payment.  
 Call 815-599-3403 or 815-599-3414 for more information.

**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

\_\_\_\_\_  
 Date Parent/Guardian Signature