



400 Paramus Road
 Paramus, New Jersey
 07652-1595
 (201) 447-7488

The Division of Continuing Education,
 Corporate & Public Sector Training

KIDS AND TEENS SUMMER PROGRAMS

PLEASE PRINT ALL INFORMATION LEGIBLY AND COMPLETE ALL 4 PAGES OF THIS FORM. INCOMPLETE OR UNREADABLE FORMS WILL NOT BE PROCESSED.

Student's name: _____

PARENT/GUARDIAN CONTACT INFORMATION

Name: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____

Name: _____ Relationship: _____
 Home Phone: _____ Work Phone: _____
 Cell phone: _____

STUDENT MEDICAL INFORMATION (PLEASE PRINT)

DOES THE STUDENT HAVE A MEDICAL CONDITION(S)? YES NO
 IF YES PLEASE LIST:

DOES YOUR CHILD TAKE MEDICATION FOR ANY REASON? YES NO
 IF YES PLEASE LIST:

PLEASE READ CAREFULLY

In the event of a student becoming ill or hurt, or in the event of an emergency closing, please list below the order in which you want Bergen Community College to contact you. List the person's name and relationship. No other calls will be made once a listed person has been reached. **Be sure to inform this person that you have listed his/her name to pick up your student if you cannot be reached.**

<u>Order</u>	<u>Person being called (Name/Relationship)</u>	<u>Phone Number</u>
<u>1</u>	_____	_____
<u>2</u>	_____	_____
<u>3</u>	_____	_____
<u>4</u>	_____	_____

In case of injury, Bergen Community College does not provide medical or accident coverage. Such coverage is the responsibility of the parents or guardians. I authorize Bergen Community College to administer first aid and/or transport the above registered student to a physician or hospital for necessary treatment.

Signature of Parent/Guardian _____ Print Name/Relationship _____ Date _____



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THIS SECTION TO BE COMPLETED BY ALL STUDENTS ENROLLING IN THE MIDDLE/HIGH SCHOOL PROGRAM

Student Name: _____

Course(s): _____

MANDATORY FOR ALL STUDENTS IN THE MIDDLE/HIGH SCHOOL PROGRAM:

_____,
 School Principal Signature Print Name/Name of High School Phone # Date

MANDATORY FOR ALL NEW WORK FOR CREDIT COURSES:

_____,
 Classroom teacher or Subject Department Supervisor Signature Print Name/Name of High School Phone # Date

MANDATORY TO BE COMPLETED BY ALL SUMMER HIGH SCHOOL STUDENTS WITH AN IEP:

_____,
 Signature of Child Study Team Case Manager Print Name Phone # Date
(only required for Summer High School Students)

Please indicate which of the following you are providing:

- Copy of IEP attached
- Letter describing requested accommodations attached

This registration form and one of the above documents must be submitted to the School of Continuing Education at Bergen Community College AT LEAST 30 days prior to the start of class.

MANDATORY TO BE COMPLETED BY ALL STUDENTS WITH 504 ACCOMMODATION PLANS:

_____,
 Signature of 504 District Coordinator Print Name Phone # Date
 (only required for Summer High School Students)

This registration form and both a copy of 504 Accommodation and a letter describing the requested accommodations must be submitted to the School of Continuing Education at Bergen Community College AT LEAST 30 days prior to the start of class.



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STUDENT CODE OF CONDUCT

Students in the High School Summer Program are expected to abide by all college rules and regulations, as well as by the guidelines outlined in the student handbook (available online at www.bergen.edu/summerschool), including the attendance, cell phone, and smoking policies.

Students are expected to demonstrate appropriate behavior at all times. Students will use respectful language when addressing teachers, staff, and other students. Appropriate dress is expected at all times.

Students who do not follow the direction of the instructors, staff and principal, who disrupt class activities, interfere with the learning of other students, or who are deemed in any way to create a dangerous situation for themselves or others will be subject to suspension or expulsion from the program.

Students expelled from the program, or whose suspension causes them to exceed the allotted number of absences/time tardy, will not receive a tuition refund.
The principal is the final arbiter of all disciplinary issues.

I HAVE READ, UNDERSTOOD, AND I AGREE TO THE STUDENT CODE OF CONDUCT:

Student Signature

Date

Parent/Guardian Signature

Date



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Office of Public Relations Release Form

I, _____ (Please Print) **agree with** the following statement from Bergen Community College:

While on the grounds of any Bergen Community College location, you may be photographed or videotaped. Your presence at the college will serve as a voluntary grant to Bergen of the right to photograph your image and to own, license, assign and/or use the same (and/or any portion thereof) forever and throughout the world in any manner and/or media including, without limitation, in programming and the advertisement and promotion thereof. You will not receive any payment for such use and waive any right to bring any action in law or equity against the college and its past, present and future officers, agents, representatives, employees, successors and assigns for such use.

I, _____ (Please Print) **Disagree with** the following statement from Bergen Community College:

While on the grounds of any Bergen Community College location, you may be photographed or videotaped. Your presence at the college will serve as a voluntary grant to Bergen of the right to photograph your image and to own, license, assign and/or use the same (and/or any portion thereof) forever and throughout the world in any manner and/or media including, without limitation, in programming and the advertisement and promotion thereof. You will not receive any payment for such use and waive any right to bring any action in law or equity against the college and its past, present and future officers, agents, representatives, employees, successors and assigns for such use.

Signature _____ Date _____

I am 18 years of age or older Under the age of 18*

*If you are under the age of 18, your Parent or Guardian has to give permission by signing below.

Parent or Guardian Name (Print) _____

Parent or Guardian Signature _____

Student Address _____ E-mail _____

Phone _____

For Office Use Only

Project _____