

The Division of Continuing Education and Workforce Development

#### **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 CONT			
	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)? IF YES PLEASE LIST:		YES	NO
DOES YOUR CHILD TAKE MEDICATION FOR ANY REASON? IF YES PLEASE LIST:		YES	NO

#### 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. <u>Be</u> 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>	Person being called (Name/Relationship)	Phone Number	
<u>1</u>			
<u>2</u>			
<u>3</u>			
4			

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



The Division of Continuing Education and Workforce Development

## **KIDS AND TEENS SUMMER PROGRAMS**

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 STUDENTS WITH AN IEP:

Signature of Child Study Team Case Manager (only required for Summer High School Students) Print Name

Phone #

Date

Please indicate which of the following you are providing: Copy of IEP attached Letter describing requested accommodations attached

This registration form and <u>one</u> 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 (only required for Summer High School Students)

Print Name

Phone #

Date

This registration form and <u>both</u> 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.



The Division of Continuing Education, Corporate & Public Sector Training

# SUMMER MIDDLE / HIGH SCHOOL PROGRAMS

## 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:

Parent/Guardian Signature

\_\_\_ Date

Date



The Division of Continuing Education and Workforce Development

# KIDS AND TEENS SUMMER YOUTH PROGRAMS

**Office of Public Relations Release Form** 

□ I,	(Please Print) <b>agree with</b> the following statement
videotaped. Your presence at the photograph your image and to own thereof ) forever and throughout th limitation, in programming and the any payment for such use and wa	en Community College location, you may be photographed or college will serve as a voluntary grant to Bergen of the right to n, license, assign and/or use the same (and/or any portion ne world in any manner and/or media including, without advertisement and promotion thereof. You will not receive ive any right to bring any action in law or equity against the uture officers, agents, representatives, employees, use.
□ I,	(Please Print) <b>Disagree with</b> the following
videotaped. Your presence at the photograph your image and to own thereof ) forever and throughout th limitation, in programming and the any payment for such use and wa	en Community College location, you may be photographed or college will serve as a voluntary grant to Bergen of the right to n, license, assign and/or use the same (and/or any portion ne world in any manner and/or media including, without advertisement and promotion thereof. You will not receive ive any right to bring any action in law or equity against the uture officers, agents, representatives, employees,
Signature	Date
I am I 18 years of age or o	
Parent or Guardian Name (Print) Parent or Guardian Signature	
Phone	E-mail
Project	For Office Use Only