

Registration Form 815-599-3414
highland.edu

Nama					ons to solicit for a valid social sec		· •
Name	Last			First	Middle (Require	ed, if none,	write N/A)
Address					· · ·		<u> </u>
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)?			3. Are you from one or more of the following racial groups? (Select all that apply)				
Yes Hispanic or Latino – If yes, skip to # 3. Not Hispanic or Latino				American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander			
2. Please identify your <u>primary</u> racial/ethnic group (Select One)				Mative Hawai White Choose Not t		Pacific Islander	
American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Choose Not to Respond 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.		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 Doctorate					
		dable to thdrawal ssions		6. High School Graduate Year School	Ye	esNo	
and Necord	s prior to the beg	In in ing or the	e class.		7. GED Yes	_ No	State
Course ID #			Cours	se Title			Cost
						\$	
						\$	
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Payment must	accompany re	gistration	form:				
Full Pa	yment by Chec	k (Check	#) Make	Checks payable to Highla	nd Commur	nity College.
Full Pa	yment by Credi	t Card (Hi	ghland will cal	I you for c	redit card number to proce	ess over pho	one.)
Preferred phone	,						
sor of Highland Com cilities, I (the undersiq eir respective directo iims, or demands tha injury, death, or pro- tivities or not, and ho	munity College pre gned) forever releases, officers, employed t I, my assignees, I perty damage, relate wever caused, by a	emises ("Less se the Colleg ees, voluntee neirs, distributed to (i) my p	sor"), to participate, the State, the State, the ers, agents, contrates, guardians, participation in the	e in Lifelong County, the L actors, and re next of kin, s ese activities	nois ("State"), the County of Stel Learning courses and use Highla essor, any Highland Community epresentatives (collectively "Rele pouse and legal representatives (ii) the negligence or other acts, emises where these activities or	and Communit College affilia asees") from a now have, or whether direc	y College premises ar ted organization, and any and all actions, may have in the future tily connected to these
rticipating in the activ	nues						

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 and Theatre Camps					
Ninecraft Designers June 17-21		Ages 8-14	8:30-11:30 am \$150		
Make Your First 3D Video Game June 24-28		Ages 8-14	8:30-11:30 am \$150		
Python Programmers	Programmers July 8-12		8:30-11:30 am \$150		
Minecraft Modders July 15-19		Ages 8-14	8:30-11:30 am \$150		
App.IO July 22-26		Ages 8-14	8:30-11:30 am \$150		
Battle Royale Jul 29-Aug. 2		Ages 8-14	8:30-11:30 am \$150		
ROBLOX Aug. 5-9		Ages 8-14	8:30-11:30 am \$150		
Make YourFirst 3D Video Game Aug. 12-16		Ages 8-14	8:30-11:30 am \$150		
Comedy, Improv, June 22 Audition Skills		Ages 10-13	10:00am-12:00pm \$14		
Comedy, Improv, June 29 Audition Techniques		Ages 14-18	10:00am-2:00pm \$19		

_ # of camps X \$\$\$ = \$	
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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 hearby 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.

Date Parent/Guardian Signature

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