

CSM Continuing Education KIDS' AND TEEN COLLEGE REGISTRATION FORM

Mail this form with a check made payable to CSM.
PAYMENT MUST ACCOMPANY THIS REGISTRATION.

MAIL TO:

COLLEGE OF SOUTHERN MARYLAND, CONTINUING EDUCATION (REG)
PO BOX 910, LA PLATA MD 20646-0910

STUDENT'S SOCIAL SECURITY NUMBER* or STUDENT ID #

DATE

(*Providing a social security number in connection with a continuing education course is voluntary.)

CHILD'S LAST NAME

CHILD'S FIRST NAME

CHILD'S MIDDLE INITIAL

CHILD'S DATE OF BIRTH (month/day/year)(required)

HOME ADDRESS

CITY

COUNTY

STATE

ZIP CODE

DAY TELEPHONE ((area code) number)

EXT.

EVENING TELEPHONE ((area code) number)

EXT.

EMERGENCY CONTACT PERSON

EMERGENCY TELEPHONE ((area code) number)

E-MAIL ADDRESS

HAS THE ABOVE INFORMATION CHANGED SINCE THE LAST TIME YOU REGISTERED FOR CLASSES?

YES

NO

The College of Southern Maryland collects information on our students' birth date, gender, ethnicity and citizenship which is used for reporting purposes only in compliance with the Maryland Higher Education Commission and U.S. Department of Education.

GENDER:

MALE

FEMALE

ARE YOU OF HISPANIC OR LATINO ORIGIN?

YES

NO

WHAT IS YOUR RACE? SELECT ONE OR MORE.

WHITE

BLACK OR AFRICAN AMERICAN

ASIAN

AMERICAN INDIAN OR ALASKAN NATIVE

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

RESIDENCY:

CALVERT COUNTY

CHARLES COUNTY

ST. MARY'S COUNTY

OTHER MD COUNTY

OUT OF STATE

ARE YOU A U.S. CITIZEN?

YES, I AM A U.S. CITIZEN/U.S. NATIONAL

NO, BUT I AM AN ELIGIBLE NONCITIZEN

NO, I AM NOT A U.S. CITIZEN NOR AN ELIGIBLE NONCITIZEN

TYPE

ALIEN REGISTRATION NUMBER

IMMIGRATION VISA TYPE

IMMIGRATION VISA NUMBER

The information I have provided above is accurate. I understand that I am financially responsible for all charges that I incur at CSM and that the Student Code of Conduct (available from the Student Life Department) applies to all CSM students. I will follow all of the college's policies and procedures. When registering for WFS or youth courses, I understand that I (or my parent or guardian if I am less than 18 years old) will be required to sign a Statement of Informed Consent, Assumption of Risk and Release Form, and/or a health status questionnaire prior to my (or my child's) participation in the activity. Based upon the results of the health status questionnaire, a medical release may be required prior to participation. I also understand that, in the event of an emergency, the college will contact emergency services to arrange transport for me (or my child) to a nearby health-care facility.

SIGNATURE OF APPLICANT

DATE (month/day/year)

SIGNATURE OF PARENT OR GUARDIAN

DATE (month/day/year)

(IF APPLICANT IS UNDER 18 YEARS OF AGE)

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CHILD'S NAME

CHILD'S DATE OF BIRTH (month/day/year)

Please use this section to enter course information.


SUBJECT	COURSE NO.	SECTION NO.	COURSE TITLE	BEGIN DATE	COURSE TUITION	RESIDENCY FEE*	COURSE FEE	TOTAL
AAY	8000	42123	SAMPLE	7/5/13	\$XX			
*RESIDENCY FEE: Maryland residents living outside of Charles, Calvert, and St. Mary's counties—add \$5 to course fee listed, out-of-state residents-add \$10 to course fee listed.						TOTAL		

Statement for prospective students: The College of Southern Maryland makes several federally required reports and statistics available for prospective students. The Campus Public Safety Report contains college policies regarding a variety of safety and security issues and includes crime statistics for the college. This report is available at ready.csmd.edu. The college also maintains a report addressing participation rates by students in intercollegiate athletics, coaching staffs, and certain expenses associated with intercollegiate athletic teams. Both reports may also be obtained by contacting the Registrar's Office, located in the AD Building on the La Plata Campus and at 301-934-7588.

NONDISCRIMINATION POLICY

The College of Southern Maryland does not discriminate on the basis of race, color, national origin, gender, disability, age, sexual orientation, religion, or marital status in its programs or activities. The academic support/ADA coordinator, Disability Support Services—La Plata Campus, Learning Resource Center (LR Building), Room 123, 301-934-7614—has been designated to handle inquiries regarding discrimination on the basis of disabilities. The associate vice president, Institutional Equity and Diversity—La Plata Campus, Campus Center (CC Building), Room 208A, 301-934-7658—has been designated to handle all other discrimination inquiries.

ADA STATEMENT

 Individuals with disabilities who require special accommodations in order to participate in the college's instructional programs should notify the academic support/ADA coordinator at 301-934-7614 at least one month before the class begins. Requests made after this deadline will be considered on an individual basis and addressed whenever possible.

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CHILD'S NAME _____

CHILD'S BIRTHDATE _____

Student Information and Parent Consent

EMERGENCY CONTACT INFORMATION

MOTHER'S/GUARDIAN'S NAME _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL _____

FATHER'S/GUARDIAN'S NAME _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

E-MAIL _____

In an emergency contact:

In addition, check off boxes next to the two contacts with permission to pick up your child if you can not be reached (Limit - Two):

- Name: _____ Relation to Child _____
Home phone: _____ Work Phone: _____ Cell Phone: _____

- Name: _____ Relation to Child _____
Home phone: _____ Work Phone: _____ Cell Phone: _____

- Name: _____ Relation to Child _____
Home phone: _____ Work Phone: _____ Cell Phone: _____

- Name: _____ Relation to Child _____
Home phone: _____ Work Phone: _____ Cell Phone: _____

Camper's Physician Name: _____ Phone Number: _____

SCHOOL INFORMATION

I authorize the release of _____'s grade level to the College of Southern Maryland. This information is needed to verify past or current enrollment in honors, gifted and talented, advanced placement, accelerated courses, or above- grade-level courses. This information will be submitted to the Maryland Higher Education Commission along with other enrollment data.

School Currently Attending: _____ Current Grade Level: _____

PHOTOGRAPHY AUTHORIZATION

My child has my permission to be photographed, interviewed, or videotaped Yes No while attending Kids' College and/or Teen College classes.

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CHILD'S NAME

CHILD'S BIRTHDATE

Student Information and Parent Consent (continued)

HEALTH INFORMATION

MEDICAL INSURANCE

NAME OF INSURER/COMPANY

GROUP OR POLICY NUMBER

All campers must be current on all immunization.

Is the student currently enrolled in a Maryland public or private school? Yes No

If yes, provide school name _____

If no, provide copy of immunization confirming that the child has received all immunization as required by the Maryland DHMH Recommended Childhood Immunization Schedule.

Is the student exempt from any immunization on medical or religious grounds? Yes No

If yes, provide a signed copy of Maryland Dept. of Health and Mental Hygiene Immunization Certificate from either a licensed physician indicating that the immunization is medically contraindicated or the parent/guardian indicating that he/she object to immunization for religious reasons. If no, you must provide documentation as described in #1.

Allergies

Bee Sting

Peanuts/Other Nuts

Other

Is it life threatening?

Yes No

Yes No

Yes No

Tell us about any medical, behavior or emotional conditions:

Asthma

Emotional issues

A.D.D.

Epilepsy/Seizures

Diabetes

Hearing Impairment

Please tell us what medications your child is currently taking. _____

Please provide any additional information useful to teachers and staff at CSM. _____

POLICY INFORMATION

1. I understand that disruptive or inappropriate behavior will not be tolerated and may result in dismissal without refund.
2. I will not have my child arrive on campus earlier than 10 minutes prior to the start of class unless accompanied at all times by a parent or legal guardian. THERE IS NO SUPERVISION FOR YOUR CHILD PRIOR TO THIS TIME; PARENTS ACCEPT FULL RESPONSIBILITY FOR THEIR CHILD'S BEHAVIOR AND SAFETY.
3. Students must be signed out promptly after their classes at the designated drop-off area. If you are more than 15 minutes late, a \$30 late fee per child will be charged for emergency drop-in care until 6 p.m.; after that, it will be an additional \$1 per minute. CSM reserves the right to request your child be removed from class, if parents are persistently late for pickup. If we ask you not to bring your child back, you will not receive a refund.

I have read and completed the above information and permit my child to attend Kids' or Teen College at the College of Southern Maryland.

PARENT OR GUARDIAN SIGNATURE

DATE

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College of Southern Maryland

Statement of Informed Consent, Assumption of Risk, and Release

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH (month/day/year)
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HOME ADDRESS

CITY OR TOWN	COUNTY	STATE	ZIP CODE
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I have registered for Summer Kids' or Teen College classes sponsored by the College of Southern Maryland.

I understand that participation in this activity/course involves inherent risks of injury, and that the nature of the risks may vary depending upon the type of activity, instructor, and my own physical condition and conduct. I also understand that it is not possible to specifically list each and every individual risk, but that most courses and activities may involve risks associated with strenuous exercise, as well as risks from the usage of equipment or participation in group activities. I acknowledge that I will either ask for or have been given any information that I need to determine the general risks associated with this course/activity.

I understand that I will complete a written self-evaluation of my health status to help determine whether I must seek a physician's permission before participating in this course/activity, but that it is ultimately my responsibility to determine whether I can safely participate in this course/activity. I understand and agree that if the college determines, based upon the results of the initial evaluation, that a medical clearance is necessary, that I will not be allowed to participate in any physical activities that are part of this course/activity until I have consulted with my physician and obtained written permission.

I understand that certain precautions may be advised for the particular course/activity. I agree to follow those precautions and to conform to all rules and policies of the department, the instructor, and any other sponsor of this course/activity. However, I recognize that these precautions will not eliminate the risks inherent in this course/activity.

I voluntarily assume all risks of loss, damage, illness, or injury which I may sustain while participating in this course/activity, including travel and usage of or any equipment or facilities. I will make no claim against and release, waive, discharge, hold harmless and indemnify, on behalf of myself, my personal representative and my heirs, the College of Southern Maryland and its officers, agents, and employees for any and all claims and causes of action for any injury or loss, or for damages, costs, expenses, or compensation that may occur during or result from my participation in this course/activity, whether arising through the negligence, omission, default, or other action of any person or event associated with this course or event, including fellow participants.

I agree that all disputes, controversies, and claims that may arise between myself, my personal representative or my heirs and the College of Southern Maryland or its officers, agents and employees relating to or arising out of this Statement of Informed Consent, Assumption of Risk, and Release (including but not limited to disputes, controversies, and claims related to or arising out of the activity set forth above) will solely be resolved by final and binding arbitration administered by the American Arbitration Association. Except as may be required by law, neither a party nor an arbitrator may disclose the existence, content or results of any arbitration hereunder without the prior written consent of both parties. Judgment on an award rendered by an arbitrator may be entered in any court having jurisdiction thereof. My agreement to final and binding arbitration shall in no way be construed to limit any other provision of this Statement of Informed Consent, Assumption of Risk, and Release.

I have read and understand the above information. I give my permission for my child to participate in this course/activity and grant the same informed consent, assumption of risk, and release on behalf of myself, my child, and the child's family.

PARENT OR GUARDIAN SIGNATURE

DATE