



VERNON COLLEGE

Kids College Summer Camp 2024 REGISTRATION FORM



Vernon Campus: 4400 College Drive, Vernon, TX 76384 • (940) 552-6291 Ext 2210 • FAX: (940) 553-1753
Century City Center: 4105 Maplewood, Wichita Falls, TX 76308 • (940) 696-8752 Ext 3213 • FAX: (940) 689-3871

****ONE REGISTRATION FORM PER STUDENT REGISTERING****

Registration forms can be emailed to: ce@vernoncollege.edu

Today's Date: _____ Date of Birth (Month/Day/Year): ____/____/____ Age: _____

Child's SS*#: _____ / _____ / _____ E-mail Address: _____

PRINT Last Name _____ First Name: _____ Middle _____

Mailing Address _____ Gender: Male Female

City _____ State _____ Zip _____

Parent Name: _____ Best Phone # (_____)

Alternate Emergency Contact: _____ Emergency Phone # (_____)

T-Shirt Size:

Ethnicity: Hispanic/Latino Non Hispanic/Latino No Response

Race: White Black, African American Hawaiian/ Pacific Islander
 Asian American Indian / Alaskan Native International
 No Response

Camp Selection:

Camp Name	Camp Course ID	Days/Times	Start Date	Price

For Office Use Only: Initials: _____ Date Paid: _____ Total Fees: _____

METHOD OF PAYMENT: (**Payment is due at the time of Registration**)
 Check# _____ Cash Total Tuition/Fees \$ _____ Bill To: _____
 Visa MasterCard Discover Credit Card #: _____ Expires ____/____/____

REFUND POLICY: Request for a refund or transfer must be received at least **two** Vernon College business days before the first class meeting. A \$15.00 charge will be applied. If a course is cancelled by the college, full refunds are mailed. Instructions and written materials are provided in English only.

I have read the above information and acknowledge that all information is true to the best of my ability.

Signature: _____ **Date:** _____

Visit our website www.vernoncollege.edu/ce or e-mail us at ce@vernoncollege.edu for more information.



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**** PLEASE COMPLETE ONE PER STUDENT****

Student Name: _____

LIABILITY:

By signing below, I hereby release Vernon College and its instructors and collaborating agencies from any liabilities. I fully understand that due to the nature of Kids College camps there exists the possibility of personal injury. I acknowledge and accept that fact and release all of the above from all liability.

VERNON COLLEGE Photographic/Publicity Release:

I grant Vernon College permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any of its publications, including web-based publications, without payment or other consideration. I irrevocably authorize Vernon College to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

I consent / I disagree

PLEASE LIST ANY FOOD ALLERGIES:

Does your child have any medical problems, conditions, or allergies? **Yes or No**

If yes, please list any special medical problems, conditions, or allergies your child has:

PLEASE TAKE NOTE OF THE FOLLOWING INFORMATION:

Students must be enrolled in age-specific camps as scheduled. Please do not leave children unaccompanied outside of class times. Children must be picked up after their camp is completed. Late pick-up will result in additional fees or dismissal from the camp. Also, please have your child dress appropriately. Please be aware of your camp location.

By signing below, I acknowledge the above statements and consent to the stated releases.

Parent Name (Print): _____

Parent Name (Sign): _____