

CFCC SUMMER CAMPS



Community Enrichment Department | www.cfcc.edu/summercamp

June 15, 2020

Dear Parents,

Thank you for choosing Cape Fear Community College Summer Camps for your child. At CFCC, we view each summer camp as an investment in the continued education, personal enrichment and renewal of each child. This year, we are offering a variety of camps for children and young adults ages 8–16 that teach important skills, broaden cultural and creative horizons, develop critical thinking skills and enhance technical abilities.

Our camps run **Mondays – Thursdays**, either in the morning (8 am-noon) or the afternoon (1-5 pm). PLEASE NOTE: If you select morning and afternoon camps that run in the same week, we are happy to keep your child during the lunch hour at no extra charge. However, please consult your specific camp schedule(s) and make sure to pack a lunch/snack and beverages for your child as necessary. You may also visit our website at www.cfcc.edu/summercamp to download a detailed flyer for your camp(s) with additional information about needed supplies and important safety protocols.

Before completing the attached registration packet, please note:

- You can choose one or more camps, depending on your schedule and the interests of your child. If you have more than one child enrolling in summer camps, we require one registration packet for each child.
- We cannot register a child (or hold a spot) until we receive your payment. Pre-registration for each camp session is due two weeks prior to the start of that camp to ensure that your child has a spot.
- All summer camp registrations are accepted on a first-come, first-served basis. In the event a camp becomes full, you will be placed on a waiting list and contacted immediately if there is an opening.

How to register:

Due to the COVID-19 pandemic, we've had to streamline our registration process. **Please print off your packet, fill it out, scan it, and email it to enrich@cfcc.edu** and one of our staff members will call to acquire your credit card information. PLEASE NOTE: we cannot accept cell phone photos of your packet. Please use a scanner, copier or a scanning utility for this option, and make sure you provide accurate, legible contact information. **If we cannot reach you for payment, we will not be able to hold a spot for your child.** Once the COVID-19 pandemic subsides and our normal work processes resume, we will be happy to accept hand-delivered or mailed-in packets. We thank you for your patience and understanding during this unprecedented and challenging time.

After your child is registered, we will contact you via e-mail with important details regarding your specific camp, such as drop-off and pick-up information. Typically we send these emails about a week before the camp starts. But if you have any questions before then, please do not hesitate to contact us by email at enrich@cfcc.edu. We look forward to meeting your child and spending some fun-filled, educational time together!

Best regards,

The CFCC Community Enrichment Team



SUMMER CAMP REGISTRATION FORM

Please complete one registration packet per child registering for camp.

Child's Full Name: _____ Age: _____ Grade Entering in the Fall: _____

Please choose from the following camps for children ages 8-10 years old

	Dates	Days/Times	Registration
_____ B7549 Baking Academy for Kids	July 6-9	M-TH 1-5 pm	CAMP IS FULL
_____ B7553 Sew Much Fun	July 6-9	M-TH 8 am-noon	\$150
_____ B7551 Baking Academy for Kids	July 20-23	M-TH 1-5 pm	\$180

Please choose from the following camps for children ages 11-13 years old

	Dates	Days/Times	Registration
_____ B7540 Culinary Academy for Kids	July 13-16	M-TH 8 am-noon	CAMP IS FULL
_____ B7550 Baking Academy for Kids	July 13-16	M-TH 1-5 pm	CAMP IS FULL
_____ B7617 Bob Ross Painting® for Kids	July 20-23	M-TH 1-5 pm	\$150
_____ B7542 Culinary Academy for Kids	July 27-30	M-TH 8 am-noon	\$180
_____ B7552 Baking Academy for Kids	July 27-30	M-TH 1-5 pm	CAMP IS FULL
_____ B7554 Sew Much Fun	July 27-30	M-TH 1-5 pm	\$150

TOTAL AMOUNT: _____

How did you hear about CFCC Summer Camps?

- _____ CFCC Continuing Education Website
- _____ CFCC Social Media (Facebook, Instagram)
- _____ Wilmington Parent Summer Camp Fair

- _____ Star News Kidz Expo
- _____ Friend/ Co-Worker
- _____ Other: _____

My child's t-shirt size (circle one): Youth Sizes: S M L XL Adult Sizes: S M L XL XXL

Directions for completing the official *Continuing Education Registration Form* (next page):

- On the following page (page 3), complete **only the highlighted sections of the form** using your child's personal information, except for the telephone number and e-mail address fields; please use a parent/guardian's contact information so that we reach you before and during camp if necessary.
- This official registration form **MUST** be completed and included in the packet in order for us to register your child.
- Please use blue or black pen, print clearly, and provide the most up-to-date contact information.
- We cannot accept this form if there is any correction fluid or tape on the form.



411 N. Front St. Wilmington, NC 28401-3910

CONTINUING EDUCATION REGISTRATION FORM

PLEASE PRINT CLEARLY

COURSE TITLE Summer Camp		
SOCIAL SECURITY NUMBER	IDENTIFICATION NUMBER	COUNTY
PRINT NAME AS IT APPEARS ON SOCIAL SECURITY CARD LAST FIRST MIDDLE		TELEPHONE: HOME () ()
ADDRESS		WORK () () CELL () ()
CITY STATE ZIP CODE		EMAIL ADDRESS
BIRTH DATE: MM / DD / YY <input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F) <input type="checkbox"/> HISPANIC/LATINO (HIS) <input type="checkbox"/> NON HISPANIC/LATINO (NHS)		EMPLOYMENT STATUS: (CHECK ONE) <input type="checkbox"/> RETIRED (R) <input type="checkbox"/> UNEMPLOYED-Not Seeking Employment (UN) <input type="checkbox"/> UNEMPLOYED-Seeking Employment (US) <input type="checkbox"/> EMPLOYED 1-10 Hours per week (E1) <input type="checkbox"/> EMPLOYED 11-20 Hours per week (E2) <input type="checkbox"/> EMPLOYED 21-39 Hours per week (E3) <input type="checkbox"/> EMPLOYED 40 or more Hours per week (E4)
<input type="checkbox"/> AMERICAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> WHITE		
HIGHEST EDUCATION LEVEL (REQUIRED) <input type="checkbox"/> Non Graduate - Enter Highest Grade Completed 0 -11 <input type="checkbox"/> 12 High School Graduate <input type="checkbox"/> 15 Associate Degree <input type="checkbox"/> GED <input type="checkbox"/> 16 Bachelor's Degree <input type="checkbox"/> 13 Adult High School Diploma <input type="checkbox"/> 17 Master's Degree or Higher <input type="checkbox"/> 14 One-year Vocational Diploma		
Are you taking this course for certification or recertification? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of certifying agency _____ Professional Contractor's License Number _____		EMPLOYER
PERMISSION TO RELEASE PHOTO FOR PUBLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NUMBER
TUITION FEE WAIVED: <input type="checkbox"/> EMERGENCY SERVICES / AGENCY _____ <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER _____		Have you previously attended Continuing Education courses at CFCC? <input type="checkbox"/> YES <input type="checkbox"/> NO COURSE START DATE _____

HRD TUITION AND FEE WAIVER – VERIFICATION STATEMENT

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List/Combined Course Library (MCL/CCL) as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he/she meets at least one of the criteria by completing and signing this form.

I qualify for a tuition and fee waiver under the following criteria:

- 1. I am currently unemployed.
- 2. I have received notification of a pending layoff.
- 3. I am working and eligible for the Federal Earned Income Tax Credit.
- 4. I am working and earn wages at or below 200% of the federal poverty guidelines.

DISABILITY SUPPORT SERVICES

Disability Support Services is available for students who require disability accommodations. Phone: (910) 362-7012 or (910) 362-7158. Fax: (910) 362-7080.

REFUND POLICY

A 100% refund will be given only if a written or emailed refund request is received by the CE Department prior to the course start date or if the course is cancelled by the College. A 75% refund will be given only if a written or emailed refund request is received by the CE Department by the 10% date of the course.

OCCUPATIONAL EXTENSION COURSE REPETITION POLICY

Students are allowed to take the same course twice within a five (5) year period and pay the amount prescribed for the course. The third time a student takes the same course he/she will be charged the full cost of the course at a specified rate per hour as set by the North Carolina Administrative Code. The full cost of the course must be paid at time of registration.

STUDENT SIGNATURE

DATE

FOR OFFICE USE ONLY

SECTION ID	SEMESTER	INSTRUCTOR	LOCATION
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FEEES RECEIVED FROM STUDENT:

TUITION FEE _____	CHECK # _____	CE REP INITIALS _____
TECH/OTHER FEE _____	<input type="checkbox"/> CASH <input type="checkbox"/> MO _____	
TOTAL RECEIVED _____	BUDGET CODE _____	
VISA/MC AUTH # _____	DATE RECEIVED _____	



PARENTAL CONSENT FORM

Student's Birth Name (Please print clearly): _____
Last First Middle

Date of Birth: ____/____/____ **Age:** ____ **Parent Telephone:** _____

I give my consent for the above-named student to participate in the summer camp program offered by Cape Fear Community College. The student information that I have entered on this form is true and correct to the best of my knowledge.

Signature of Parent/Guardian: _____

Relationship to the above-named minor: _____

RELEASE FORM

Cape Fear Community College will make every effort to provide a safe and enjoyable experience for participants in its programs; however, we cannot guarantee that no injuries or damages will occur. We, therefore, require each participant to read and sign the following form before participating.

I, _____, *consent and agree for my child,* _____,
(Parent/Guardian's Printed Full Name) (Student's Full Name)

to participate in the summer camp program at Cape Fear Community College.

Please Initial Each of the Following Statements:

_____ I hereby release and forever hold harmless Cape Fear Community College, its officers, officials, agents, and employees from any responsibility, cause of action, claims and/or demands for bodily or personal injuries to my child, damage to my personal property or injury/damage to property of others caused by, growing out of, or resulting from my child's participation in CFCC Summer Camp program, which includes without limitation, all activities presented by the instructor and any use of premises, facilities, or equipment.

_____ My child is in proper physical condition to participate in this summer camp program. In addition, I fully understand that Cape Fear Community College, its officers, officials, agents and employees are under no obligation or duty to provide a physical examination, which is my sole duty and responsibility.

_____ I fully understand that my child must be willing to follow instructions and behave properly during camp. Inappropriate horseplay or repeated refusal to follow safety instructions may result in my child's removal from further camp activities, and I will be asked to send an authorized individual to pick up my child. I understand that refunds will not be issued for children who are dismissed from class for these reasons.

_____ I fully understand that participation in this summer camp program is purely voluntary and that the activities of said program may involve risks and hazards of bodily injury or property damage substantiated through participation.

I have read this document in its entirety. I understand that this document releases Cape Fear Community College, its officers, officials, agents and employees from any liability from my child's participation in the above described activity.

Parent/Guardian Signature: _____ **Date:** _____

MEDICAL INFORMATION

Child's Full Name: _____ **Age:** _____

1. Does your child have any known allergies, including food allergies?

NO _____ YES _____ (please elaborate): _____

2. Does your child take any medications? This information is necessary in the event of emergency medical attention. If medications need to be administered while at camp, please elaborate below.

NO _____ YES _____ (please elaborate): _____

3. Does your child have any behavioral/emotional needs in which we may need to be aware?

NO _____ YES _____ (please elaborate): _____

4. Does your child have any physical needs or restrictions in which we may need to be aware?

NO _____ YES _____ (please elaborate): _____

5. Please list any additional information that you think our staff should know:



EMERGENCY CONTACTS

Name of Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Please provide at least one additional emergency contact who is not a parent/guardian:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

CHILD PICK-UP AUTHORIZATION FORM

Safety is of utmost importance to us. Supervised drop-off/pick-up will be available. To protect your child, we request that you provide a list of people (including yourself, family, babysitters, etc.) who are authorized to pick up your child during the week of camp. Staff may request to see the driver's license of anyone picking up a child. Those not listed below will not be allowed to pick up your child. If there is a change in the following list, you must notify the Community Enrichment department immediately at 910.362.7199.

The following individuals are authorized to pick up my child, _____
(Child's Full Name)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____