



Parents or Legal Guardians: Please complete the following information. Submit one form per person. Duplicate this form as needed.

For safety reasons, completed emergency information must accompany the registration. ECTC reserves the right to delay the registration until emergency information is provided.

Date of Birth Last 4 Digits of SS#

Grade entering Fall 2018

Last First MI

Number Street City State ZIP

Home Phone Work Phone Alt. Phone (Cell)

Name of Legal Guardian

Do you check email? Yes No Email

This data is optional and confidential.

Female Male

White
 Black or African American
 Hispanic or Latino
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander
 Other

| Date | Time | Title of Course | Amount |
|------|------|-----------------|--------|
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Enclosed is my check/money order made payable to ECTC. Charge to Visa/Master Card/Discover/American Express.

Card No. Exp. Date

Signature of Card Holder

| | | | |
|------------------------------|---|-----------------------------------|------------------------------------|
| Emergency Information | Student's Name <input type="text"/> | Grade <input type="text"/> | Date of Birth <input type="text"/> |
| | Legal Guardian <input type="text"/> | Relationship <input type="text"/> | Phone <input type="text"/> |
| | Address if different from student <input type="text"/> | Address <input type="text"/> | Phone <input type="text"/> |
| | Child's Doctor <input type="text"/> | Address <input type="text"/> | Phone <input type="text"/> |
| | Doctor's Hospital Affiliation <input type="text"/> | | |
| | Medical Information <input type="text"/> | | |
| | Please describe symptoms and prescriptions <input type="text"/> | | |

While we strive to provide a safe environment, we cannot control what your child will come in contact with because of our open environment. I agree to indemnify and hold harmless ECTC, its officers, agents and employees for any loss or injury that my child, _____, may sustain while participating in the Kid's College program. In case of emergency, I ask ECTC to contact an adult listed above. If ECTC is unable to reach one of us, I authorize ECTC to secure emergency medical treatment for my child. I understand ECTC will not administer medication to my child. Please sign and date below. My signature also indicates my consent for my child to be photographed or videotaped for promotional purposes. I do not expect compensation when ECTC photos are taken in the learning environment.

Signature Date

NOTE: Please see back for additional information.