



# WORKFORCE SOLUTIONS

CUSTOMIZED EMPLOYEE TRAINING

# 2019 Kid's College REGISTRATION FORM

**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 2019

Last  First  MI

Address  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

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

<b>Emergency Information</b>	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.**