



KidsCollege@PVCC Student Information Form

Student (Child) Name _____ **FOR OFFICE USE** Empl.ID _____

SIGN-IN/SIGN-OUT INFORMATION

(additional names can be added later by parent/guardian. Please include your own name, if applicable)

Please list the names of the parent(s) and/or other adults who have permission to pick the student up, including parent signing below. By signing this form, the parent gives permission for the adults listed below to pick his/her child up from the classes. Adults listed below will be asked to show photo I.D. at pick-up. Please have I.D. ready.

1. Name _____ Relation to student _____ Phone number _____
2. Name _____ Relation to student _____ Phone number _____
3. Name _____ Relation to student _____ Phone number _____

My child has a valid driver's license and will be driving themselves to/from classes.

EMERGENCY CONTACTS

In case an emergency situation arises who should we contact first? (Include your own name, if applicable)

1. Name _____ Relation to student _____
Phone number _____ Additional Phone number (optional) _____
1. Name _____ Relation to student _____
Phone number _____ Additional Phone number (optional) _____

HEALTH NEEDS/ SPECIAL CONSIDERATIONS

1. Does the student have any allergies, or other health issues or conditions? Yes No
If yes, please explain _____
2. Does the student take any medications? Yes No
If yes, please list _____
Will your student need to take any of these medications during the program? Yes No
3. Does the student carry a respirator, EpiPen, or other medical device? Yes No
If yes, please explain _____
4. Does the student have any special learning or behavioral needs? Yes No
If yes, please explain _____
5. Additional Comments

For more information, contact us at **434.961.5354** or **kidscollege@pvcc.edu**.

SIGNATURE
Parent Signature _____ Date _____
(signature represented by blue type)



ASSUMPTION OF RISK

(Parent/guardian and student to review together)

I (the student) agree, that as a participant in the KidsCollege@PVCC Programs at Piedmont Virginia Community College (PVCC). I am responsible for my own behavior and well-being. I accept this condition of participation, and I acknowledge that I have been informed of the general nature of the risks involved in this activity. I understand that in the event of accident or injury, personal judgment may be required by College personnel regarding what actions should be taken on my behalf. Nevertheless, I acknowledge that the College personnel may not legally owe me a duty to take any action on my behalf. I also understand that it is my responsibility to secure personal health insurance in advance, if desired, and to take into account my personal health and physical condition. I further agree to abide by any and all specific requests by the College for my safety or the safety of others, as well as any and all of the College's rules and policies applicable to all activities related to this program.

In consideration for being permitted to participate in this program, and because I have agreed to assume the risks involved, I hereby agree that I am responsible for any resulting personal injury, damage to or loss of my property which may occur as a result of my participation or arising out of my participation in this program, unless any such personal injury, damage to or loss of my property is directly due to the negligence of the College. I understand that this Assumption of Risk form will remain in effect during any of my subsequent visits and program-related activities, unless a specific revocation of this document is filed in writing with the program manager, at which time my visits to or participation in the program will cease.

PHOTO/VIDEO RELEASE

(Parent/guardian and student to review together)

I hereby grant to PVCC, and to the press and media, the right to photograph, videotape, or otherwise digitally collect my likeness, voice and sounds (as "Works") during my participation in the KidsCollege@PVCC programs. I further acknowledge that these cooperating entities have the right to use or sublicense these Works in all forms and for all purposes, including without limitation, advertising and other promotions for the KidsCollege@PVCC programs, including on the KidsCollege@PVCC Facebook page. It is a PVCC policy not to print a minor's name with his/her picture without specific permission from his/her parent or guardian.

STUDENT CODE OF CONDUCT

(Parent/guardian and student to review together)

I will treat fellow students, PVCC faculty and staff with respect at all times, including: respectful listening, participation during hands-on activities, avoid distracting behavior and follow directions from PVCC staff as necessary to ensure a safe and enjoyable experience by all. I understand that the College reserves the right to exclude my participation in this program if my participation or behavior is deemed detrimental to the safety or welfare of others. I agree to the expectations for behavior, which includes not smoking, chewing gum, rough-housing or using inappropriate language. I understand that cell phones and electronic games are allowed for limited use as permitted during breaks.

I understand that the consequences for breaking these rules may include:

- 1. A warning from the instructor
2. Meeting with program manager and/or staff
3. A phone call and/or meeting with the parent/ guardian
4. Being asked to leave the program without a refund.

REQUESTS FOR REFUND/TRANSFER

(Parent/guardian and student to review together)

Refunds: Refund requests must be received in writing at least five (5) business days prior to the class start date. Requests must include student first and last name, EMPL/Student ID number, class ID number, class title and class start date. If all or a portion of the course fee is paid by a sponsor, the request for refund must be received directly from the sponsor. Refund requests should be emailed to kidscollege@PVCC with the subject line: Refund Request, Student name. No refunds are permitted once class begins. See website for refund timeline and methods.

Transfers: Registered students may request a transfer to the next offering of the same class in the same term (if course and space are available). One transfer request is permitted per term. Requests for transfer must be requested in writing at least five (5) business days prior to the class start date. Requests must include student first and last name, EMPL ID number, class ID number, class title and class start date for the registered class and that to which transfer is requested. Transfer requests should be emailed to kidscollege@pvcc.edu with subject line: Transfer Request, Student name.

SIGNATURE

My child/ward is under 18 years of age and I am hereby providing permission for him/her to participate in this program, and I agree to be responsible for his/her behavior and safety during KidsCollege@PVCC programs.

I acknowledge that I (student or parent/guardian) have read and fully understand this document. I further acknowledge that I agree to the terms and conditions of this form, and I am accepting these personal risks and conditions of my own free will.

Student Name (printed) _____ Parent Name (printed) _____

Parent Signature _____ Date _____

(signature represented by blue type)



KidsCollege@PVCC Scholarship Application

INSTRUCTIONS

1. Complete all four (4) forms if applying for a scholarship.
2. Return completed forms to kidscollege@pvcc.edu.
3. Gather your most recent tax return and check your email for further instructions.
4. Within two (2) business days of receiving your application, you will receive an encrypted email from kidscollege@pvcc.edu to request a copy of your most recent tax return. Completely cover or mark through social security numbers before responding.
5. Your application/supporting documents will be reviewed and you will be notified via email of your approval/denial and next steps.

NOTES

KidsCollege scholarships are available on a first-come, first-served basis.

Enrollment does not take place until the scholarship has been approved and the partial fee payment received.

Class seats are not reserved while scholarship applications are in review.

Scholarships vary based on class type. If scholarship is approved, reduced class fee varies from \$30 to \$85.

STUDENT INFORMATION

Student (Child) Name _____

School _____ Grade Level in Fall _____

Parent/Legal Guardian Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

STUDENT INTEREST

(Students, please answer this question.) Why do you want to participate in KidsCollege?

SUPPORTING DOCUMENTS

All scholarship applications must include the following:

1. Registration Form
2. Student Information Form
3. Policies Form
4. Scholarship Application

SIGNATURE

Parent Signature _____ Date _____
(signature represented by blue type)

FOR OFFICE USE ONLY

Income Verification