



Kids College



Important Information / Waiver Form

This form must be completed by a parent/legal guardian, signed and returned no later than the Wednesday prior to first class.

PVCC Division of Continuing Education, 18401 N. 32nd St., Phoenix, AZ 85032

Phone: 602.787.6804 Fax: 602.787.6805

Student Name _____

Birthdate ___/___/___ Age _____ Gender: M F

Class and dates _____

Class and dates _____

Class and dates _____

Class and dates _____

Mother or Legal Guardian _____

Father or Legal Guardian _____

Phone (work or cell) (_____) _____

Phone (work or cell) (_____) _____

Phone (home) (_____) _____

Phone (home) (_____) _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

MEDICAL INFORMATION (if none, write NONE. Use back if necessary, but please indicate if you do so.)

1. Describe all prescription medications, special medical care, or physical conditions/precautions that we should be aware of:

2. Describe all medications, food or substances your child is allergic to, and procedure to follow if reaction does occur:

3. Provide name, address and phone of your child's physician:

4. Child's insurance information:

Company name _____ Policy No. _____ Employer/Group name _____

5. Other Special instructions:

EMERGENCY CONTACT

In case of emergency, or if I cannot pick up my child, I hereby authorize the following person(s) to be contacted:

Name _____ Name _____

Phone (work or cell)(_____) _____ Phone (work or cell) (_____) _____

Phone (home) (_____) _____ Phone (home) (_____) _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Relationship to student _____ Relationship to student _____

The following person(s) may NOT remove my child from PVCC _____

CONSENT TO USE PHOTOGRAPHY

I DO ___ DO NOT ___ (please check one) permit Paradise Valley Community College free use of the photographs and videoclips taken during Kids College. I understand the college may use photographs, written or verbal statements made by my child to promote the college, without any claim of present or future compensation of any kind or restriction of its use.

In the event of serious medical emergency, I authorize Paradise Valley Community College, its employees, and/or agents to secure medical transportation or treatment on my child's behalf. I understand that the College is not required to obtain medical transportation or care for him/her. I understand that the College will attempt to contact one of the individuals I have designated as an emergency contact. I authorize the College to release the information on this form to healthcare providers for the purpose of securing health care services for the child. I understand and agree that I am responsible for all expenses, fees, or costs incurred as a result of the medical transportation or care secured for my child by the College. I understand and agree that the College is not liable for any injury or damages that may occur as a result of medical treatment that the child may receive.

Signature of parent or legal guardian _____

Relationship _____

Date _____

KIDS COLLEGE
Paradise Valley Community College

Computer User Information / Permission Form

Numerous Kids College classes are taught using computers and the internet. The network is provided for students/users to conduct research and communication for academic purposes only as determined by the Division of Continuing Education curricula. Independent access to network services is provided to students/users who agree to act in a considerate and responsible manner. Access is a privilege, not a right, and entails responsibility. Student/users are responsible for appropriate behavior/communication on Paradise Valley Community College computer networks, just as they are in Paradise Valley Community College classrooms or Paradise Valley Community College buildings during Continuing Education classes.

Network storage areas may be treated like school lockers. All network administration/instructors may review files and communications to maintain system integrity and ensure responsible use of the Internet by requesting a search history of websites visited to ensure that such use meets the Division of Continuing Education intent as tool for academic purpose. Files stored on Paradise Valley Community College servers are not private.

Communications are public and often uncensored and students may come in contact with material that is controversial or inaccurate from all around the world. The Division of Continuing Education has no control over the nature or content of information from other computer systems and disclaims any responsibility to exercise control. The Division of Continuing Education is also not responsible for accuracy or appropriateness of information retrieved, or for lost, damaged or unavailable information. Outside of Paradise Valley Community College families must bear the responsibility for such guidance as they also must do with information sources such as television, telephone, movies, radio and other potentially offensive media. Parents may revoke their student's Internet/E-mail privileges at any time by notifying the Division of Continuing Education in writing.

The following are not permitted:

1. Sending, accessing, downloading or displaying offensive messages or pictures.
2. Using obscene language.
3. Harassing, insulting or attacking others.
4. Damaging computers, systems or networks.
5. Violating copyright laws.
6. Using passwords of others.
7. Trespassing in others' folders, work or files.
8. Employing the network for commercial purposes.
9. Providing personal information such as names, addresses, phone numbers, card numbers, etc.

Sanctions:

1. Violations of the above may result in loss of access.
2. Violations of the above may be subject to disciplinary action.
3. When applicable, law enforcement agencies will be involved.

USER AGREEMENT AND PARENT PERMISSION FORM

(User is defined as **any** individual who can access the PVCC communication system.)

I have read and understand this Agreement and will follow the guidelines as stated.

User Name (print) _____ Date _____

User Signature _____ Date _____

Kids College students may write or create work for publication in Kids College newsletters, website, etc.

- Yes, I agree that my child's work may be published using his/her name.
- No, do not publish my child's work.

Parent/Guardian _____ Date _____