

Bobcat College Registration Packet

A completed packet must be submitted for each student.

Bobcat College is scheduled M-F from 8am-3pm on our campus the week of July 11-15, 2022.

- Student Check-in will be located at the Sunrise Café at 8:00am.
- Student Pick-up/Sign-Out will be located at the Sunrise Café at 3:00pm.

Rising 6th through 8th graders can spend time with our instructors during the summer in interactive sessions that are engaging and educational. These sessions will be interactive hands-on at HCC.

Sessions include:

- Healthcare/Nursing
- Biology/Science
- Coding/Computer
- Virtual Realty
- Creative Arts
- EMS/BLET/Fire

Students will be able to participate in each opportunity. They should plan to bring traditional outing items such as sunscreen and weather appropriate clothing. Students will need to provide their own lunch and water bottle. (filling stations are available)

The cost of the class is \$185.00 for the week. *The tuition may be paid by cash, check, or credit card in person at the cashier's office upon emailed confirmation of registration to the parent's email address.*

(Cashiers office is located in the Hemlock/1500 Building – top floor across from the bookstore)

Registrations must be submitted no later than Friday, May 27, 2022 to ensure a slot in the class.

Limited Scholarships are available. Scholarships are provided by the HCC Foundation. Donations are appreciated and would be accepted.

The completed packet should be returned to HCC Foundation office by the following methods:

In person 1500 Hemlock Building
Between the hours of 8am-4pm M-F
Contact: Hylah Birenbaum
828-627-4544

Or mailed to:
HCC Foundation
Hylah Birenbaum
185 Freedander Dr
Clyde NC 28721

An email confirmation will be sent when the student is registered for the class.



Bobcat College Registration Form

Student's Information Required:

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ ZIP _____

County _____ Middle School _____

Are you a full-time NC Resident? _____ Yes _____ No

Students' Birth Date _____ Gender _____

Student's Email Address _____ Student's Phone Number _____

Parent's Name _____ Parent's Email Address _____

1st Parent/Guardian _____ Cell Phone _____

Place of Work _____ Work Phone _____

2nd Parent/Guardian _____ Cell Phone _____

Place of Work _____ Work Phone _____

Emergency Contact _____ Relationship _____

Telephone _____ Cell Phone _____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the class counselor. All information will be kept confidential.

Please list any other information you would like to include about your student:

Signature of Parent

Date

By signing this form, student agrees the information above is true and accurate and the legal residence given for tuition purposes is as shown. Student agrees to abide by the HCC Policies and Procedures and the Student Code of Conduct. Unprofessional behavior can place student’s participation in jeopardy and will be viewed as grounds for dismissal. A complete guide to conduct can be viewed here:

http://www.haywood.edu/policies_and_procedures/policy/6/7 Student agrees to allow HCC to publish photographs, video footage and personal information pertaining to news releases or other publications or media normally considered to be that of a two-year college unless a disclaimer has been filed with the Director of Enrollment Management.

HCC Use Only:

Course Number	Course Title	Cost of Class	Fees
Dates	Times (Specify AM or PM)	Location	Days

Parent Authorization Form

Name of Student _____ Today's Date _____

Haywood Community College does not discriminate on the basis of race, color, sex, handicap, religion or national origin. Haywood Community College reserves the right at its sole discretion to refuse an application or dismiss a child from class. No refund will be made of fees if the child has attended any portion of the class period.

Parent/Guardian's Signature: I understand and accept these guidelines:

Parent/Guardian's Signature

I give Haywood Community College permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at Haywood Community College and can be used for promotional purposes without notification.

Parent/Guardian's Signature

I give permission for Haywood Community College to transport my child on the campus property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature

I authorize the school management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the student involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature

Hospital preferred _____

By signing below I agree to adhere to all the Policies and Procedures set for by Haywood Community College.

Parent/Guardian's Signature

Student's Medical Information Form

Please print all information clearly:

The medical background of each student is required as part of the student's registration process. The school management must be advised in writing of any condition that would limit the student's ability to participate in any program.

Student's Name _____ Date of Birth _____

Student's Pediatrician's Name _____ Phone Number _____

Date of last physical _____

Date of last tetanus shot _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken at school or not:

Will your child need to take any prescription medications while at school? _____ Yes _____ No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day of this class.

Allergies (Please put N/A if your child does not have an allergy):

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the school with an Epi-pen to be kept at school during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons:
