



REGISTRATION & CONSENT FORM

Register for Kids on Campus 2022 Niceville Campus

- **Online:** Go to www.nwfsc.edu/k12. Click the logo and follow registration link, complete all forms and submit.
- **Mail:** Complete form below. Mail the form with check payment to NWFSC Kids on Campus, 100 College Blvd E, Niceville, FL 32578. Please submit one form per student.

STUDENT INFORMATION

Student Last Name:	Student First Name:	Student Nickname:
Date of Birth:	Grade Entering:	Gender:

Check one:

- New to Kids on Campus
- Returning Student. Please provide NWFSC ID#: N _____ (if known)

CLASSES SELECTION. Click here to view [Kids on Campus brochure](#)

- Session 1: June 25 – July 1

Time	First Choice	Second Choice	Fee
7:30 – 9:00 am	Extended Care AM	Yes / No	\$30
9:00 – 10:30 am 10:30 – 12:00 pm			\$85
12:00 – 12:30 pm	Lunch Plan	Yes / No	\$40
12:30 – 2:00 pm 2:00 – 3:30 pm			\$85
3:30 – 5:00 pm	Extended Care PM	Yes / No	\$30

- Session 2: July 11 – July 15

Time	First Choice	Second Choice	Fee
7:30 – 9:00 am	Extended Care AM	Yes / No	\$30
9:00 – 10:30 am 10:30 – 12:00 pm			\$85
12:00 – 12:20 pm	Lunch Plan	Yes / No	\$40
12:30 – 2:00 pm 2:00 – 3:30 pm			\$85
3:30 – 5:00 pm	Extended Care PM	Yes / No	\$30

*Extended Care AM is not offered on Mondays and Extended Care PM is not offered on Fridays.
Choose 2 classes if attending half day. Choose 4 classes if attending all day.
Lunch Plan is available for full day students only.*



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PARENT INFORMATION

Parent Last Name:	Parent First Name:	Phone:
Address Street:	City, State, Zip:	Email:

Fulltime NWFSC employee:

- Yes. Department: _____
- No

Medical Information

Please list known allergies, current medications and special medical conditions. If no known allergies please put "none". Kids on Campus staff will not be responsible for dispensing medications to students. Please make arrangements if medications are required during camp hours. If the student will carry their own medication and/or inhaler, Epipen, etc., please note here. As the natural parent/legal guardian of the above named child, I give Northwest Florida State College authorization to seek emergency care and treatment, according to its best judgment, for the well-being of my above named child.

Permission to Use Photograph and/or other Personal Information: I give Northwest Florida State College the absolute and irrevocable right to use my child's photograph(s) as recorded on film, video or other medium, and to identify him/her by name, if deemed appropriate by the college, in all forms, manner and media, including but not limited to, display, illustration, advertising, promotion, electronic transmission for other college purposes. For these purposes, I relinquish my personal rights under the Family Educational Rights and Privacy Laws and release NWF State College from any liability for the aforesaid use. I understand that said photograph(s) shall be the sole property of NWF State College and may be copyrighted in its own name or any other name it may choose. Yes No

AUTHORIZED PICK-UP PERSON

As a parent/guardian of above named student, I authorize following individuals to pick my child up from NWFSC Kids on Campus. Please include yourself.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Parent/Guardian Signature

Date