

College for Kids 2009: ENROLLMENT FORM Returning Student? Yes No

Students Name _____ Grade in fall 2009 _____

Address: _____ City: _____ Zip: _____

Telephone: _____ School: _____

1. PLEASE INDICATE YOUR COURSE SELECTIONS AND ALTERNATES.

8:30-10:00 am SESSION: _____

(8:30-10:00am Alternate: _____) Office use: _____

10:30-12:00 pm SESSION: _____

(10:30-12:00 pm Alternate: _____) Office use: _____

1:00-2:30 pm SESSION: _____

(1:00-2:30 pm Alternate: _____) Office use: _____

3:00-4:30 pm SESSION: _____

(3:00-4:30 pm Alternate: _____) Office use: _____

2. MATH ACADEMY: If your student is registering for a math course, please answer the following questions:

Title of current Math course at school: _____

Grade for first semester: _____ Final grade (If known): _____

If you were unsure about what level of math would be appropriate for your student please call the CFK office at (510) 235-7800 ext. 4564

3. FEES:

Checks should be made payable to: **COLLEGE FOR KIDS.**

We **cannot** process your Enrollment Form until your Payment and Emergency Information/Behavioral Contract is received.

Number of classes	
X \$100.00	=
Did you register for the Cooking Class?	(Add \$15.00)
TOTAL:	= \$

4. SCHOLARSHIP (optional) Please make sure to submit completed forms with this application.

I am applying for a: CFK scholarship _____ San Pablo Youth Scholarship _____

5. CFK participants ARE NOT allowed to leave campus without a parent/guardian. If your child has permission to leave campus with an older sibling or to take the bus or walk home, please submit permission in writing to the CFK office.

SEND TO:
Contra Costa College, COLLEGE FOR KIDS
2600 Mission Bell Drive, San Pablo, CA. 94806.

PLEASE TURN PAGE OVER

EMERGENCY INFORMATION AND BEHAVIOR CONTRACT

EMERGENCY/MEDICAL INFORMATION (Fill out all sections)

Childs Name: _____

Emergency Contact: _____ Work or Contact Phone: _____

Specify Relationship to child (e.g., Mother, Father, Aunt): _____

ALTERNATE EMERGENCY NAME and PHONE: _____

Insurance Company _____ Identification/Policy # _____

Allergies? _____

BEHAVIOR AGREEMENT

SAFETY:

- Students are to stay in the areas designated by CFK staff where we can see them at all times.
- Students must meet their Instructor or Aide on the QUAD prior to class every day.
- Students are not allowed to leave campus for lunch or break.
- Skateboards, scooters, rollerblades, heeleys or skates are **not allowed** on campus. (They will be confiscated and available for pick up in the office by the parent or guardian only.)
- Students, please do not run on campus, play in the planters or in the landscaping, or run up or down the hill next to the amphitheater.

RESPECT TOWARDS OTHERS

- Stop, think and resolve problems with others. It is much better to gain a friend than create an enemy.
- It is ok to make people laugh, at the right time without hurting others feelings.
- Respect others abilities, differences, feelings and beliefs.
- Respect your instructors desire to teach and your fellow students desire to learn by refraining from classroom disruptions such as talking or passing notes.

RESPECT YOURSELF

- Use appropriate language other than swearing or offensive slang.

USING EQUIPMENT

- We strongly discourage bringing cell phones, toys, games, walkmans, iPods, etc. from home. If these items do end up on campus students will be fully responsible for them. If they are used in class they will be confiscated.
- CELL PHONES are allowed but must be in the SILENT position. NO TEXT MESSAGING during class. If they are used during class they will be confiscated and available for pick up in the office by the parent or guardian.
- Recreation equipment is available in the CFK office during lunch and should be shared and handled with care.

BEHAVIOR MANAGEMENT

_____ **Stage 1:** Verbal reprimand from Instructor, Aide or Program Staff

_____ **Stage 2:** Student removed from class and meets with Program Staff. _____

Parents are called to discuss behavior concern. _____

_____ **Stage 3:** Student is sent home for the rest of the day: _____

_____ **Stage 4:** Student dismissed from CFK program. *There are no refunds on fees paid.* _____

I have read and understand the guidelines in this Behavioral Agreement. I agree to conduct myself with respect, honesty and integrity by following the rules of the CFK program.

Student signature: _____

Date: _____

I have read and reviewed the Behavioral Agreement guidelines with my student and I understand the stages of behavior management for the CFK program.

Parent signature: _____

Date: _____

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL THIS FORM IS COMPLETED AND SUBMITTED