



brazosport **kids** college

# 2017 Summer Registration begins May 1 at Brazosport College

*Ages 6 to 8: July 10 - 14; Ages 9 to 12: July 17 - 21*



## **BEGINNING SIGN LANGUAGE**

Learn everyday vocabulary such as the alphabet and numbers, and learn about the people who use sign language.

## **BULL'S-EYE**

Learn proper technique and safety from our team of professional archers. Take aim!

## **FLYING HIGH**

Discover the power of the wind as you fly kites and planes, design parachutes and shoot off rockets!

## **HORSE AND RIDER\***

Study horses and horsemanship as you prepare to saddle up and ride!

## **KIDS IN THE KITCHEN\***

This summer's young chefs will learn to prepare tasty treats for special occasions including Halloween, Christmas, Valentines, and more!

## **MARIO KART MANIA**

Race against the clock and your friends using the latest in video game technology.

## **MARTIAL ARTS**

Learn kicking, boxing, leadership training and real world self-defense that are both safe and fun.

## **MATH MAGIC**

Discover how much fun you can have with numbers and math as you solve problems and learn strategies while playing games!

## **REPTILES ADVENTURES**

In this class you will go from continent to continent studying which reptiles are there, as well as their habitat and living conditions. At the end of the week, you will meet some of the reptiles you studied.

## **ROBOTICS & PROGRAMMING**

Work in teams to design, build and program robots using LEGO EV3 and Sphero SPRK.

## **SUPER SCIENCE\***

Release your inner scientist as you conduct amazing hands-on experiments!

## **SURVIVOR\***

Discover the great outdoors as you learn how to survive in the wild.

*Students can register for one, two, three or four classes during Kids College, which runs from 8 AM to noon each day. Each class costs \$25.*

*Classes with an \* have an additional \$5 material fee.*



**Registration  
begins May 1**

Register online at [www.brazosport.edu/ce](http://www.brazosport.edu/ce) or in person.

No phone registrations accepted.  
For more information call 979.230.3600  
or fax 979.230.3464.

# Registration Form

*Each class is \$25. Choose up to 4 classes. Classes marked with an asterisk (\*) have an additional \$5 material fee.*

Student Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_  
*\*Required by the registration system in order to create a unique Brazosport College ID # and PIN #. All future registrations will require only BC ID # and PIN #.*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age: \_\_\_\_  
 Gender: M\_\_ F\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Alternate Emergency Contact Person: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

T-shirt size:  
 \_\_Child M      \_\_Adult S  
 \_\_Child L      \_\_Adult M      \_\_Adult L

These are my choices:

TIME:	CLASS:	COST:
1. 8 a.m. to 8:50 a.m.	_____	_____
2. 9 a.m. to 9:50 a.m.	_____	_____
<i>Break</i>		
3. 10:10 a.m. to 11 a.m.	_____	_____
4. 11:10 a.m. to 12 p.m.	_____	_____
		Total cost: \$_____
Alternate Class Choice #1: _____		
Alternate Class Choice #2: _____		

**Please list any food or other allergies below:**  
*Please do not choose cooking/food related classes if food allergies are listed below.*

\_\_\_\_\_

\_\_\_\_\_

The following person(s) are authorized to pick up the above student from Kids College:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL/PHOTO RELEASE

I certify that the above named child has my permission to participate in Community Education programs at Brazosport College. I authorize the staff of Community Education to act for me according to their best judgment in any emergency requiring medical attention. It is understood that I will be responsible for the cost of any emergency transportation and for subsequent emergency care. I hereby release and hold harmless Brazosport College, including without limitation, its officers, directors, regents, employees, agents, and affiliates for, from, and against any and all liability, injury sustained, damage to or loss of personal property arising directly or indirectly while enrolled in this program at Brazosport College. I know of no mental or physical problem which may affect my child's ability to safely participate in this program. I further certify that the above mentioned person has medical insurance in case of an emergency. In case of emergency, the physician to be contacted is shown below. I hereby grant Brazosport College permission to publish photographs and video in which my child is included in whole or in part, for use in advertising or any other lawful purpose whatsoever for Brazosport College. I hereby waive any right that I may have to inspect and approve the finished product, the advertising copy that may be used in connection therewith, or the use to which it may be applied.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE /DATE

\_\_\_\_\_  
 PHYSICIAN NAME & PHONE NUMBER

**Payment method:**

Cash _____	Credit Card #: _____
Check#: _____	Expiration Date: _____
Driver's License Number: _____	Security Code: _____