## Save time and postage! Register online at CE.TEXARKANACOLLEGE.EDU

"Name (Last, First, MI):  Last 4 Digits of Child's Social Security Number: Age: Birthdate:  Address: City:  State: Zip: Type of address: Mailing Physical Parent/Guardian Home Phone:  Work Phone: Cell:  Parent Email:  Course Title: Date: Time:  2nd choice if 1st choice is full: Date: Time:  2nd choice if 1st choice is full: Date: Time:  2nd choice if 1st choice is full: Date: Time:  The following information is required by the Coordinating Board of the Texas College and University Syst Male Female Black White Asian Hispanic American Indian Other  Emergency Information: If I cannot be reached to make plans for emergency care for my child, I give permission for Texarkana College to take my child to (hospital)  (Dr.)  Child's known allergies or significant medical history:  I understand photos may be taken for marketing purposes. I give permission for my child's photograph to be used in such.  I understand Texarkana College is not responsible for any items (i.e. clothing or money) my child may bring to class.  I have discussed inappropriate behavior with my child and am aware inappropriate behavior will result in removal from the program.  Texarkana College Kids' College & Summer Swim Refund Policy  Refunds for Kids' College will granted ONLY if it is requested 1 week prior to Kids' College dates. If you child is a colled in the June 19-22 session, the refund must be requested no later than June 12th. For the June 26-29 ser refunds must be requested no later than June 12th. For the June 26-29 ser refunds must be requested no later than June 19th. For the June 26-29 ser refunds must be requested no later than June 19th. For the June 26-29 ser refunds must be requested no later than June 19th. For the June 26-29 ser refunds must be refund must be requested no later than June 19th. For the June 26-29 ser refunds must be refund with be requested to later than June 19th. For the June 26-29 ser refunds must be refund with be given after the above stated dates.  Release of Liability Statement  I state that I assume full r			
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Parent/Guardian Home Phone:    Cell:	Address:	City:	
Work Phone:  Cell:  Parent Email:  Course Title:  Date:  Time:  2nd choice if 1st choice is full:  Date:  Time:  2nd choice if 1st choice is full:  Date:  Time:  The following information is required by the Coordinating Board of the Texas College and University Syst Male   Female   Black   White   Asian   Hispanic   American Indian   Other Emergency Information: If I cannot be reached to make plans for emergency care for my child, I give permission for Texarkana College to take my child to (hospital)  Dr.)  Child's known allergies or significant medical history:  I understand photos may be taken for marketing purposes. I give permission for my child's photograph to be used in such.  I understand Texarkana College is not responsible for any items (i.e. clothing or money) my child may bring to class.  I have discussed inappropriate behavior with my child and am aware inappropriate behavior will result in removal from the program.  Texarkana College Kids' College & Summer Swim Refund Policy  Refunds for Kids' College will granted ONLY if it is requested 1 week prior to Kids' College dates. If you child is erolled in the June 19-22 session, the refund must be requested no later than June 19-22 session, the refund must be requested no later than June 19-25 esses on the refund must be requested no later than June 19-25 esses on the refund must be requested no later than June 19-25 esses on the refund must be requested no later than June 19-25 esses on the refund must be requested on later than June 19-25 esses on the refund must be requested on later than June 19-25 esses on the refund must be requested on the refund must be requested on the refund policy Texarkana College and that no refund will be given after the above stated dates.  Release of Liability Statement is a classroom/physical activity program, and agree to inform the instructor of early noncorens which may develop. I give permission for my child to be transported by Texarkana College faction of their related Kids' College activit in the instructor of th	State: Zip:	Type of address:	☐ Mailing ☐ Physical ☐ Both
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