



**Transforming  
Our Community...  
One Student  
at a Time**

# Youth Programs



**Register  
Online!**

**Spring 2020**  
*[www.ucc.edu/ce](http://www.ucc.edu/ce)*

# Youth Programs for Spring 2020



All classes take place on the Cranford campus.

Student Drop-off/Pick-up: Parents/guardians must go to the classroom to drop off and pick up children at the assigned classroom. Children must be picked up on time.

No class 3/14 & 4/11



We are pleased to partner with Black Rocket to deliver educational and fun classes designed to mirror real experiences and the collaborative nature of the creative process. Students will work in pairs or teams for most of the programs.

## New! JavaScript Developer Jam

Learn programming tools so powerful they seem like magic! Start off by learning an array of core programming concepts with JavaScript by experimenting in a series of digital challenges. Start with programming your first animated memes, then tackle more advanced skills such as interactive 3D experiences and game creation. Projects will be available on a password protected Black Rocket website to share with friends and family. Students will work in pairs or teams for most of the program. (12 hrs)

AEKD 301 Sec 160      Ages: 11-17  
S, 4/18-5/9, 9 am-12 pm, \$219

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs. If you or someone attending with you has a disability and is in need of special accommodations, please contact the Coordinator of Services for Students with Disabilities at (908) 709-7164.

## New! YouTube® Content Creators

Find your voice and leave your mark on the world! Whether you are six or sixty, it's time to start a career as the next YouTube star. Explore the variety of content and personalities that exist on YouTube and how to find your own niche. Learn the Dos and Don'ts of the platform and how to practice good digital citizenship. Develop your on-camera presence, your own channel branding, and professional editing skills. Take home a plan for launching your own channel with the content created in class! Student projects will be available on a password protected Black Rocket website to share with friends and family. Students work in pairs or teams for most of the program. (12 hrs)

AEKD 303 Sec 160      Ages 11-17  
S, 2/22-3/21, 9 am-12 pm, \$219

## Middle School Math Review

This course is designed to review each of the New Jersey Core Curriculum Content math standards for middle school students. Students will review numerical operations, geometry and measurement, algebra, data analysis and mathematical processes. (12 hrs)

AEKE 117 Sec 160      AGES 11-13  
S, 2/22-4/25, 8:50-10:20 am, \$275

## Algebra Review

This course addresses the material covered in a middle or high school Algebra course. Through interactive lessons and practice problems, students will strengthen their Algebra knowledge. Students will be pre-tested to determine their proper level and need. (12 hrs)

AEKD 115 Sec 160      AGES 14+  
S, 2/22-4/25, 8:50-10:20 am, \$275

## SAT Exam Preparation

Learn important test-taking strategies and prepare to take the upcoming SAT exam. Specific concepts covered include math, verbal and writing. Course price includes the SAT textbook. (12 hrs)

### VERBAL/READING/Writing

AEKD 211 Sec 160      Ages 14+  
S, 2/22-4/25, 8:50-10:20 am, \$275

### MATH

AEKD 107 Sec 160      Ages 14+  
S, 2/22-4/25, 10:30 am-12 pm, \$275

## Better Thinker, Better Writer, Better Grades

This course will help you improve your critical thinking and strengthen your writing skills when reading literature and writing school essays. Learn strategies that will help you get better grades, while also improving your ability to understand, discuss and write about the literature you read throughout the school year. (12 hrs)

AEKE 022 Sec 160      Ages 11-13  
S, 3/7-5/9, 10-11:30 am, \$275

The Youth Programs Permission Slip (next page) **must** be completed and returned with this registration form. Print clearly and complete all sections.

**STUDENT DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address (including apartment number) \_\_\_\_\_ ( ) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Student ID Number \_\_\_\_\_ Gender:  Male  Female Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**PARENT/GUARDIAN DATA**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address (including apartment number) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone  Home  Work  Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

The following questions are required by the U.S. Department of Health, Education, and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

**Sex:**  Male  Female

**Ethnicity:**  Hispanic  Non Hispanic  
 Declined to Identify

**Race:**  American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Pacific Islander  
 White  
 Declined to Identify

**CAMPUS PARKING**

- I decline campus parking
- I wish to have a permit for parking in Cranford (Complete the information below and add **\$10 parking fee**)

License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year, Make and Model of Car \_\_\_\_\_

You must pick up your parking permit at the Public Safety Office, at which time you will be required to show a current vehicle registration.

**COURSE SELECTIONS AND FEES** (Please enter your course selections)

Course Code-Number	Section Number	Course Title	Start Date (MM/DD/YY)	Course Fee

<b>OFFICE USE ONLY</b>	Pay Code _____ Amount _____	<b>Parking Fee (if applicable)</b>	<b>Total</b>
	Date _____ Cashier _____		

Make checks payable to **Union County College**. Register in person or mail to:  
 Continuing Education, Union County College, 1033 Springfield Avenue, Cranford NJ 07016-1599  
 Phone (908) 709-7600 • Fax (908) 709-7070 • Email coned@ucc.edu



I am financially responsible for all program costs for \_\_\_\_\_  
 Student's Name

Your Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Note:** Students are responsible for being aware of and following the Code of Conduct found in the Union County College Student Handbook, available at [www.ucc.edu/go/handbook](http://www.ucc.edu/go/handbook).

Have questions about Union County College Youth Programs? Email us at [youthprograms@ucc.edu](mailto:youthprograms@ucc.edu)

Union County College does not discriminate on the basis of race, color, national origin, sex, age or disability.



# Continuing Education

FOR A BETTER LIFE

# Youth Programs Information and Permission Form

All Youth Program participants **MUST** have this form completed by a parent or guardian.

Please print clearly and complete all sections

### STUDENT INFORMATION

Full Name: \_\_\_\_\_  
Last First Middle Initial

Child's Age: \_\_\_\_\_ Current Grade (for Summer students, grade entering in upcoming Fall) \_\_\_\_\_

Home Phone (with area code): \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

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

Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

If I am not available, I hereby designate the following person(s) to be contacted in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

The above named child has the following food allergy(ies) and/or medical condition:

\_\_\_\_\_

***I understand it is the responsibility of the parent/guardian to notify program staff of any change in the above information.***

I, \_\_\_\_\_, the legal parent/guardian of the above named Youth Programs participant, will:  
CHOOSE **ONLY ONE** OF THE FOLLOWING THREE OPTIONS

- Pick up my child at the conclusion of his/her scheduled course(s) in the designated location on the Union County College Cranford Campus
- Permit the following individuals to pick up my child at the conclusion of his/her scheduled course(s) in the designated location on the Union County College Cranford Campus. **No one other than the named persons below will be permitted to pick up your child.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Permit my child to leave the campus unattended by Program or College staff at the conclusion of his/her scheduled course(s) on a daily basis.  
*Check this option if you are permitting your child to walk home, ride his or her bike home, take the bus, etc. No supervision is provided and no responsibility for your child is assumed once he or she is dismissed from his or her last class. Your child will not be permitted to remain on College property or in any campus building if this option is checked. I expressly release the College and its agents from any liability that may result from my child's use of individual transportation as authorized above.*

- I understand that in an emergency I will be contacted as soon as possible at the above phone number(s). If I am not available, I have provided an alternate contact above.
- Should my child require immediate medical attention, I consent to any such treatment, including but not limited to, transport and treatment at a hospital facility. I fully understand I am legally responsible for any medical expenses for costs of said treatment.
- College personnel are not permitted to hold or be responsible for administering any medication.
- I understand the College may suspend or terminate my child from the program for any reason that is deemed harmful or disruptive to the other participants or for other just cause. Refunds will not be granted if a child is suspended or terminated.

**I have read, understand, and agree to the foregoing information.** I authorize Union County College staff to take whatever measures are in their estimation, deemed necessary, especially in the event of an emergency. The undersigned, on his/her behalf and on behalf of the named participant, releases Union County College, its directors, officers, employees and agents from all claims and liability to the undersigned or named child and each of their personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim on account of injury to the person or property of the undersigned or named child.

**The Parent or Guardian acknowledges that he or she has read, understands and approves the following statements:**

- I give consent for photographs and/or videos of my child to be used solely for UCC promotional and/or public information purposes.
- I fully understand that I am releasing the College and its agents and employees of all liability including but not limited to injuries, damages or loss, related to any aspect of my child's participating in the Youth program.
- I understand that the College is not responsible for lost, stolen or damaged property.

\_\_\_\_\_  
Parent/Guardian name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date