



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

# Continuing Education

FOR A BETTER LIFE

*Youth  
Programs*



**SPRING 2019  
CLASSES**

*Improve Your Skills!  
Learn Something New!*

# YOUTH PROGRAMS FOR SPRING 2019

## PROGRAMS FOR AGES 11-17

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.

There is no class on Saturday, March 16 and April 20



### New! Python Programmers: Make Your Own Multiplayer Game! (12 hrs)

Youtube, Google, Instagram and Spotify—what do they have in common? They were created with Python. Learn how to code with Python and create your first multi-player adventure game. Each lesson takes you step-by-step to start you on a programming path that will let you challenge friends with fun a game you built from start to finish.

**Ages 11-14**  
AEKE 011 Sec 160 \$235  
Sat 3/23-4/13  
9 am-12 pm Math

### Middle School Math Review (12 hrs)

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.

**AGES 11-13**  
AEKE 117 Sec 160 \$275  
Sat 2/23-4/27  
8:50-10:20 am

### Algebra Review (12 hrs)

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.

**AGES 14+**  
AEKD 115 Sec 160 \$275  
Sat 2/23-4/27  
10:30 am-12 pm

## WRITING

### Better Thinker, Better Writer, Better Grades (12 hrs)

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.

**Ages 11-13**  
AEKE 022 Sec 160 \$275  
Sat 3/2-5/4  
10:00-11:30 am

## SAT TEST PREPARATION (12 HRS)

Get a jump on test taking strategies and fundamentals that will enhance your abilities and help improve test scores. All courses are taught by NJ Certified Teachers.

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.

**Ages 14+ VERBAL/READING/WRITING**

AEKD 211 Sec 160 \$275  
Sat 2/23-4/27  
8:50-10:20 am

**Ages 14+ MATH**

AEKD 107 Sec 160 \$275  
Sat 2/23-4/27  
10:30 am-12 pm

### Summer Youth Programs begin Monday, June 24 through Thursday, August 22

New programs include –

App I.O. - Make your First Multi-Player App,  
Battle Royale - Make your First Fortnite® Style Video Game,  
Code Breakers, eSports Apprentice: You Tube® Streamers and Gamers  
and Many More!



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.

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.*

**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.

- 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.

Parent/Guardian name (print)

Parent/Guardian Signature

Date

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.

# 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.*

**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.

- 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.

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

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

\_\_\_\_\_  
 Date