
FALL 2017 YOUTH PROGRAMS

Improve Your Skills!

Learn Something New!

Online
Registration
Available!



U **Union
County
College**

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

**CONTINUING
EDUCATION**

For a better life



Youth Programs for Fall 2017

Classes are for youths of ages 11–17. All classes take place on the Cranford campus.

Schedule: Classes take place on Saturdays.
No classes will run on **November 11** and **November 25**.

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.

Language

New!

Spanish (12 hrs)

This course will introduce students to the basics of the Spanish language. The learning objectives are achieved by focusing on the four key areas of foreign language study: listening, speaking, reading, and writing. By the end of this course, students will master common vocabulary terms and phrases, learn grammar patterns, and participate in simple conversations.

AGES 11–13
AEKE 207 Sec 160 \$235
Sat 10/07-12/09 8:50-10:20 a.m.



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 \$235
Sat 10/07-12/09 8:50 a.m.-10:20 a.m.

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 \$235
Sat 10/07-12/09 10:30 a.m.-12:00 p.m.

Test Prep

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.

SAT (12 hrs)

Learn important test-taking strategies and prepare to take the SAT in the Fall. Specific concepts covered include math, verbal and writing. Course price includes the book.

AGES 14+
VERBAL/READING/Writing
AEKD 211 Sec 160 \$235
Sat 9/09-10/28 8:50-10:20 a.m.

AGES 14+
MATH
AEKD 107 Sec 160 \$235
Sat 9/09-10/28 10:30 a.m.-12:00 p.m.

Writing

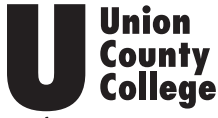
New!

Better Reader and Writer: Reading/Writing Review (24 hrs)

Strengthen your skills in reading literature and writing school essays. Learn how to become a more insightful and analytical reader/writer as the course presents a focus on: reading/discussing/writing about literature and literary terms. Short stories, poems and excerpts from several Shakespearean plays will be covered.

AGES 11–13
AEKE 206 Sec 160 \$275
Sat 10/07-12/09 9:00 a.m.-12:00 p.m.





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Youth Programs Registration Form

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: <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> 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
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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

OFFICE USE ONLY	Pay Code _____ Amount _____
	Date _____ Cashier _____

Parking Fee (if applicable)

Total

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
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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/documents/admissions-aid/student-handbook/2016-2017_Student_Handbook.pdf

Have questions about Union County College Youth Programs? Email us at youthprograms@ucc.edu

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.

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