



Student Information Form



Student's Name	Birth Date	Rising Grade
Module Attending		Module Dates
Parent/Guardian Name	E-mail Address	
Home Phone	Work Phone	Mobile Phone

Student Code of Conduct

Students enrolling in CPCC's Teen Coding Institute assume an obligation to conduct themselves in a manner compatible with the college's function as an educational institution. Misconduct of students and parents falls into the following categories:

- Dishonesty:** knowingly giving false information to or withholding vital information from CPCC Services Corp staff and faculty.
- Behavior:** indecent, violent, or harassing behavior that disrupts the classroom environment or requires action on part of staff or faculty.
- Use of property and technology:** theft, damage, or destruction of any technology, equipment, or property of the college or its staff and faculty.

Failure to comply with the above expectations will result in disciplinary actions as follows:

- Warning:** parents/guardians will be notified of the behavior infraction in writing and the student will be addressed about the action.
- Dismissal:** if the behavior continues, the parents will be contacted to immediately remove student from the class and the student will be terminated from any future CPCC Coding Institute enrollments. **Refunds will not be given for class dismissal.**

We Capture Your Student's Smiles

We often take photographs and videos of our classes and camps in action for our promotions, advertising, and many other uses. We need your signature on file if you would like to give us permission to use your student's image for our publications.

- The photographs may be used by the College (i) in or as instructional materials, (ii) in catalogs, brochures and other information about the College, (iii) in advertising, or (iv) for publication or use for any other purpose deemed proper by the College.
- I waive any right to inspect or approve the finished product or advertisement or the particular use made of the photographs.
- The photographs may be modified or retouched in any way the College considers desirable.
- I release the College and its agents from any liability by virtue of any blurring, distortion, alteration, misnaming or mislabeling, whether intentional or otherwise, that may occur, provided that these things are not maliciously done solely for the purpose of subjecting me to ridicule or scorn.

I consent to photographs, motion pictures or videotapes (collectively referred to as "photographs") being taken of my student by persons acting with the permission and on the authority of Central Piedmont community College (the "College") and authorize their use under the above conditions.

I do not give permission for my student's photo to be taken.

PARENT PERMISSION: PLEASE PRINT

- I give permission for my child to participate in the CPCC Teen Coding Institute.
- I will assure my child complies with the Student Code of Conduct and will behave accordingly while at CPCC.
- I will be responsible for assuring my child arrives on time and is picked up promptly. I understand that the CPCC Service Corp staff and faculty are not responsible for my child once class ends.
- I and my student have read the above policies and agree to them.

Parent/Guardian Name

Signature of Parent or Guardian (Required)

Date

Double-click to insert digital signature

Student Transportation/Pick Up

Please list anyone, other than yourself, who may be picking up your student. Proper identification must be shown.

Name
Phone
Relationship to child

Name
Phone
Relationship to child

Medical Authorization (Required)

Please complete the attached medication form for any necessary medication while at CPCC.

Primary Physician Name	Phone
Address	
Insurance Carrier	
Policy Number	Group Number
Policy Holder's Name	Preferred Hospital
Medical Condition (check all that apply) <input type="checkbox"/> Food Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Environmental Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Epilepsy / Seizures <input type="checkbox"/> Heart Disease <input type="checkbox"/> ADD / ADHD <input type="checkbox"/> Other	Additional Information

Emergency Contact other than parent:

Name
Phone
Relationship to child

Name
Phone
Relationship to child

Special Accommodations

Central Piedmont Community College is committed to providing an accessible education and supportive learning environment for all students. Students with disabilities who require special accommodations must notify CPCC Services Corporation, in writing, two weeks before the camp begins, so that accommodations can be arranged. All information will be kept confidential. Central Piedmont Community College does not provide personal medical assistants or care attendants.

Liability Release

I believe the information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my child's participation in this class sponsored by the CPCC Teen Coding Institute at Central Piedmont Community College.

I hereby grant permission for my child to take part in this class sponsored by the CPCC Teen Coding Institute. I also agree, on behalf of myself or my child, not to make any claims of any kind against the CPCC Teen Coding Institute, CPCC, or any of its employees or agents for any loss or injury that my child might sustain while engaged in the program. I authorize such physician or medical staff as the CPCC Teen Coding Institute and staff of Central Piedmont Community College may designate to carry out any minor treatment and/or medical staff to provide any treatment deemed necessary for the wellbeing of my child.

Signature of Parent or Guardian (Required)

Double-click to insert digital signature

Date

Camper Medication Authorization Form

Complete only if necessary. Please fill out one form for each medication.

This section is to be completed by camper's doctor prior to class.

Student's Name _____ Birthdate _____

Module Attending _____ Module Dates _____

Medication _____ Dosage _____

Time of Day to be administered _____

Purpose of Medication _____

Special Instructions _____

Signature of Doctor or person with prescriptive authority Date

Printed Name Phone Number _____

Note: All medication brought to class must be in the original container which clearly states the child's name, the health care provider, name of medication, date, and dosage. This applies to prescriptions as well as over-the-counter medications. Class personnel are not responsible for the administration or control of the medication. All students must be able to self-administer their required medication. All medications must be taken home overnight and are not to be left on site.

This section is to be completed by student's parent or guardian prior to class.

I hereby give my permission for _____ to take medication listed on this form. I understand it is my responsibility to furnish the medication in the original container which clearly states the child's name, the health care provider, name of medication, date and dosage.

Signature of Parent or Guardian Date

Printed Name

Phone _____ Mobile _____

Please email completed forms to rebecca.grant@cpcc.edu, fax to 704.330.6810, or mail by postage to CPCC Services Corporation, P.O Box 35009, Charlotte, NC, 28235. *Thank you.*