

COURSE REGISTRATION

Registration for a course may be done by filling out a registration form and submitting to the Office of Continuing Education, in the following ways:



IN PERSON: Washington Hall | 8am to 4pm | Monday through Friday



BY MAIL: Office of Continuing Education
SUNY Adirondack
640 Bay Road, Queensbury, NY 12804



BY PHONE: (518) 743-2238
8am to 4pm | Monday through Friday



BY FAX: (518) 743-2318



BY EMAIL: conted@sunyacc.edu

COURSE PAYMENT

Payment is due upon registration, as follows:

BY CHECK: Made payable to SUNY Adirondack. Students may pay in person at the Continuing Education Office, Washington Hall, Monday - Friday, between the hours of 8am and 4pm. Students may also mail the payment stub, located at the bottom of the Student Schedule and Bill, with a check to the Office of Continuing Education.

BY CASH OR CREDIT CARD:

Cash payment must be made at the Business Office in Warren Hall, with a copy of the Student Schedule and Bill.

Credit card payment must be made at the Business Office in Warren Hall, with a copy of the Student Schedule and Bill or at www.sunyacc.edu/paymentplans/continuinged, using e-cashier. A \$1.00 nonrefundable NELNET Enrollment Fee will be assessed for each e-cashier payment. Full payments are deducted immediately from the account provided on the NELNET agreement.

COURSE DROP/REFUND POLICY

100% tuition and fees will be refunded if drop notification (written, phone or in-person) has been received by the Office of Continuing Education during normal business hours (8am-4pm, M-F) prior to 4pm on June 12. No refunds will be processed once June 12 deadline has passed. Non-payment may result in balance being turned over to a collection agency. All collection fees, including reasonable attorney fees, will be the responsibility of the student.

COURSE ACCOMMODATIONS

SUNY Adirondack encourages persons with disabilities to participate in official college programs, events, and activities. Reasonable accommodations can be requested by contacting SUNY Adirondack Accessibility Services at 518.743.2282 or access@sunyacc.edu.

COURSE CANCELLATIONS

Full tuition and fees will be refunded for any classes canceled by SUNY Adirondack Continuing Education.

SCHOLARSHIPS

Limited scholarship funds are available this year through the SUNY Adirondack Foundation. Scholarships are based on financial need and are first come, first served.

OTHER IMPORTANT INFORMATION

A. Classes are grouped by grade headings. For example a class under the 3-5 heading indicates that the student must have completed 3rd, 4th, 5th grade by the end of the 2014-2015 school year to be eligible for that particular class.

B. Children are not permitted on campus during a time in which they are not registered for a class or Aftercare. Please pick children up promptly after their class ends. Parents or guardians must come inside to pick their children up from Aftercare.

C. To enroll your child, you **MUST** submit the following: 2015 Summer Enrichment Registration Form, Youth Enrichment Media/Medical Release Form, and Course Payment.

D. Registrations for STEAM Camp must accompany check payment made out to the student's school district.

E. There is limited food service on campus during the summer. It is recommended that students who will be on the campus during the 12:30 - 1pm lunch break bring a bagged lunch.

2015 SUMMER ENRICHMENT REGISTRATION FORM

SUNY ADIRONDACK CONTINUING EDUCATION

Washington Hall | 640 Bay Road | Queensbury, NY 12804

Phone: (518) 743.2238 | Fax: (518) 743.2318 | sunyacc.edu/ContinuingEd

Registrations after June 12, 2015 are subject to availability.

Student Legal Name:

Address:

number

street

city

state

zip

Date of Birth:

Sex:

☐ *male*

☐ *female*

Home Phone:

Name of parent/guardian at this phone:

Work phone:

Name of parent/guardian at this phone:

Cell phone:

Name of parent/guardian at this phone:

Banner ID or SS#:

Parent/guardian name:

Name of school:

Grade Completed (June 2015):

Parent/Guardian Email Address:

T-SHIRT SIZE

Please circle (adult) t-shirt size. One t-shirt will be issued to each student. T-Shirts will be distributed on Wednesday, July 22.

S

M

L

XL

Please register me for the following courses listed on this form. I understand that I will be automatically billed for the course(s) once my registration has occurred, regardless of chosen payment method.

Course No.	Course Title	Price

METHOD OF PAYMENT

BY CHECK:

Made payable to SUNY Adirondack. Students may pay in person at the Continuing Education Office, Washington Hall, Monday - Friday, between the hours of 8am and 4pm. Students may also mail a completed registration form w/enclosed check to the Office of Continuing Education.

BY CASH OR CREDIT CARD:

All students must register for courses with the Office of Continuing Education prior to using these payment methods.

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Student Name: _____ Parent/Guardian: _____

Address:

number

street

city

state

zip

Date of Birth: _____ Sex: ☐ male ☐ female

Sex: ☐ male

☐ female

Home Phone: _____ Name of parent/guardian at this phone: _____

Name of parent/guardian at this phone:

Work phone: _____ Name of parent/guardian at this phone: _____

Name of parent/guardian at this phone:

Cell phone: _____ Name of parent/guardian at this phone: _____

Name of parent/guardian at this phone:

1. Name: _____ **Home Address:** _____

Home Phone: _____ Work Phone: _____

Work Phone:

2. Name: _____ Home Address: _____

Home Phone: _____ Work Phone: _____

Work Phone:

Health History — please specify any and all of the following (if applicable):

Operations or Serious Injuries (include dates):

Medical Condition(s):

Allergies:

Allergies to Medications or Insect Stings:

Special Diet:

Medication (name) and how it is given:

Activity Restrictions:

MEDICAL RELEASE AUTHORIZATION

The above named child has permission to engage in all prescribed SUNY Adirondack Youth Enrichment activities, except those noted above. I certify that I am the legal parent and/or have the legal ability to sign this authorization form on behalf of the above named child. In the event of illness or accident, I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) to my child by a licensed physician or hospital in the event I am not able to consult with the attending physician(s), attempts to contact me have been unsuccessful, and the attending physician(s) deem it advisable to proceed with such treatment(s).

Parent/Guardian Signature _____ Date _____

Date _____

2015 SUMMER ENRICHMENT MEDIA/MEDICAL RELEASE FORM

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Student Name: _____

A: MEDIA RELEASE:

Student has permission for SUNY Adirondack to photograph or videotape student for publications, media use, and instructional purposes during this class.

YES: ☐ NO: ☐

B: COMPUTER/INTERNET USAGE

Some programs require computer and internet use. If applicable, my child has permission to do so in a supervised environment and will abide by the guidelines below.

1. All students must have permission from their parent/guardian that authorizes them access to the Internet.
2. Respect for school equipment and its network is a condition for use of the computers.
3. Students are to notify the teacher immediately of any disturbing material they may encounter on the web.
4. Students are not to give out personal information like telephone numbers, full name, address, etc. to anyone on the Internet.
5. Students are to never give anyone their password to any of their accounts or allow another student to use their account to access the Internet or school network.
6. Students must gain clearance from the teacher before downloading any programs from the Internet. The teacher must first scan all media devices brought to the lab to be used in the computers for viruses.
7. Violation of any of these rules may result in forfeiture of permission to use the Internet and school network and/or appropriate disciplinary action.

Parent/Guardian Signature: _____

Date: _____