College for Kids Session 1: June 24-28

10 a.m. - Noon



Designing 101! Learn basic flower design, basic gardening and corsage making! Design a beautiful table setting using flower placement ideas and decorations that you have learned how to make yourself in this very creative class!

Courtney Goodwin, Buckeye Career Center S&T Room ATC

13SCFK7042A

13SCFK7043A

13SCFK7077A

NEW! Fun with Paper Clay!

Grades 5-8 \$85 (supplies included)

You can be a sculptor! Learn to design items with paper clay and make your choice of wind chimes, baskets. bird houses, bowls, cupcakes, lanterns, flower pots or monsters! You will learn different clay sculpting techniques, such as handbuilding, coiling, slab forming and making impressions! Students will need to bring an apron or large shirt to cover your clothes each day.

Carrie Kunkle, Claymont City Schools S&T Room 123

NEW! Google Webmasters! Grades 5-8 \$75

Become a webmaster using Google Applications! The best part? You will finish the week with your own personal (and KID-SAFE) website!

Megan Farver, Garaway Local Schools S&T Room 206

NEW! Party Planning for the Fourth of July! Grades 1-4 \$100 (supplies included)

Creativity is the word here where you will create red, white and blue decorations, invitations, menus and everything it takes to pull off a great Fourth of July Party! You will also create your menu items, and prepare them for presentation at your party on Fri., June 28! Students will need to bring an apron.

Angela Stewart, Newcomerstown Schools S&T Room 113

French for Fun! Grades 1-4 \$65

"Let them eat cake!" Do you know the famous French person who said this and the history behind it? Gather a great introduction to French through conversation, song, dance, food and games!

Assistant Professor Elizabeth Rudy-Barrow,

Kent State Tuscarawas S&T Room 208

13SCFK7052A

13SCFK7079A

13SCFK7022A

NEW! Dinosaurs! Grades 5-8 \$75

This is a hands-on learning experience about dinosaurs, including topics such as the dinosaur's world, dinosaur evolution and diversity, dinosaur diet, dinosaur babies and dinosaur extinction. Students will be working with models of actual dinosaur fossils during the class!

Assistant Professor Jeremy Green, Kent State Tuscarawas S&T Room 228 13SCFK7078A

NEW! The World, Science and You! Grades 1-4 \$100

Decode the world around you as a Mad Science Sleuth! Send secret messages to your friends. Get a taste for space with an astronaut snack! Explore the university with your own orbiter and use teamwork to unearth pollution solutions. Figure out the trick of the tight ropes and sniff out scents on our Mad Science trail. Uncover the answers to these mysteries and more in our "World, Science and YOU!"

Founders Hall Gym



NASA: Journey Into Outer Space!

Grades 1-4 \$100

From our earth's atmosphere to the outer reaches of our solar system, campers are sent on a quest for exploration! Comets, planets, stars and more are all waiting to be discovered. Learn about the four forces of flight, the challenges of space travel, and participate in an actual rocket launch!

Founders Hall Gym



13SCFK7036A

12:30 - 2:30 p.m.

NEW! All About Flowers! Grades 1-4 \$100 (supplies included)

Designing 101! Learn basic flower design, basic gardening and corsage making! Design a beautiful table setting using flower placement ideas and decorations that you have learned how to make yourself in this very creative class! Instructor: Courtney Goodwin, Buckeye Career Center

NEW! Fun with Paper Clay! Grades 1-4 \$85 (supplies included)

You can be a sculptor! Learn to design items with paper clay and make your choice of wind chimes, baskets, bird houses, bowls, cupcakes, lanterns, flower pots or monsters! You will learn different clay sculpting techniques, such as handbuilding, coiling, slab forming and making impressions! Students will need to bring an apron or large shirt to cover your clothes each day.

Instructor: Carrie Kunkle, Claymont City Schools 13SCFK7043B **S&T Room 123**

NEW! Party Planning for the Fourth of July! Grades 5-8 \$100 (supplies included)

Creativity is the word here where you will create red, white and blue decorations, invitations, menus and everything it takes to pull off a great Fourth of July Party! You will also create your menu items, and prepare them for presentation at your party on Fri., June 28! Students will need to bring an apron.

Instructor: Angela Stewart, Newcomerstown Schools S&T Room 113 13SCFK7022B

Grades 5-8 \$65

"Let them eat cake!" Do you know the famous French person who said this and the history behind it? Gather a great introduction to French through conversation, song, dance, food and games!

Instructor: Assistant Professor Elizabeth Rudy-Barrow, Kent State Tuscarawas

S&T Room 208

Grades 1-4 \$100

NASA: Journey Into Outer Space!

From our earth's atmosphere to the outer reaches of our solar system, campers are sent on a quest for exploration! Comets, planets, stars and more are all waiting to be discovered. Learn about the four forces of flight, the challenges of space travel, and participate in an actual rocket launch!

Founders Hall Gym

13SCFK7036B

13SCFK7080A

13SCFK7052B

NEW! Super Awesome Science Sampler!

Join Mad Science on a journey through five days of hands-on happenings! We will take a look at what makes up the planet we call home, check out creatures that dwell above and below the earth's surface, and zero. in on how Newton's laws are at work all around us. We round out the fun-filled week with a look at the science of toys and technology! What could be better than yo-yos and cell phones?

Founders Hall Gym

Secret Agent Lab! Grades 5-8 \$100

Go inside a scientist's lab and discover the secrets you have always wondered about! Use your skills as a chemist to make your own radical reactions with batteries, nickels and more! Compare fingerprints and discover the mysteries of DNA as you fine-tune your secret agent skills. Make "brain goo" and check out your bones as you travel the organ trail and uncover the secrets of your own body. Become a Mad Science Ice Cream Caper!"

Founders Hall Gym 13SCFK7002A

NEW! So You Think You Want to Play a String? Grades 3-4 \$70 (violin rental included)

You will learn parts of the violin and bow, how to hold the instrument and bow, and will learn some beginning rhythms. Instruments will be used during class time only. On Fri., June 28, your class will give a recital for your friends and family!

Instructor: Mary Cooper, String Instructor, Private Studio PAC Room 231

Session 2: July 22-26 10 a.m. - Noon

NEW! All About Flowers! Grades 5-8 \$100 (supplies included)

Designing 101! Learn basic flower design, basic gardening and corsage making! Design a beautiful table setting using flower placement ideas and decorations that you have learned how to make yourself in this very

Instructor: Courtney Goodwin, Buckeye Career Center S&T Room ATC

NEW! Fun with Paper Clay! Grades 5-8 \$85 (supplies included)

You can be a sculptor! Learn to design items with paper clay and make your choice of wind chimes, baskets, bird houses, bowls, cupcakes, lanterns, flower pots or monsters! You will learn different clay sculpting techniques, such as handbuilding, coiling, slab forming and making impressions! Students will need to bring an apron or large shirt to cover your clothes each day.

Instructor: Carrie Kunkle, Claymont City Schools S&T Room 123 13SCFK7043C

NEW! Beach Party!

Grades 1-4 \$100 (supplies included)

Learn to create beach themed decorations, invitations, menus, and everything it takes to pull off a great beach party! You will also create your menu items, and prepare them for presentation at your party on Fri., July 26! Students will need to bring an apron.

Instructor: Angela Stewart, Newcomerstown Schools S&T Room 113 13SCFK7023A

Fun en Español! Grades 1-4 \$65

Discover Mexico – not only the language but also the culture! Learn Spanish phrases and greetings; create a memories folder with games, worksheets, crafts and stories. Family is invited to a Fiesta with a Pinata on Friday! Students will need to bring a two pocket folder, 1/2" three-ring binder and pencil.

Instructor: Assistant Professor Megan Brady, Kent State Tuscarawas

S&T Room 208



NEW! Camp Eureka! Grades 5-8 \$100

The scientist is not a person who gives the right answers, they are the ones who ask the right questions. What do Leonardo Da Vinci, Alexander Graham Bell. Steve Jobs. Bill Gates and YOU all have in common? All are scientists who, in different ways, asked "why" and followed up with research, experiments, and then invented something amazing. We will examine inventions of the past, and create our detective and use your forensic skills to solve the "Great" own inventions for the future. You will also apply for, and receive, your very own patent. Equipped with our five senses, we explore the universe around us and call the adventure Science!

Founders Hall Gym

Forensics Academy! Grades 1-4 \$100

Step into the shoes of a detective and sharpen your surveillance skills with the science of security. From decoding messages to metal detectors and night vision, children will have the opportunity to check out spy equipment and even create their own edible

13SCFK7082A

Instructor: Courtney Goodwin, Buckeye Career Center Founders Hall Gvm

NEW! So You Think You Want to Play a String? Grades 1-4 \$70 (violin rental included)

You will learn parts of the violin and bow, how to hold the instrument and bow, and will learn some beginning rhythms. Instruments will be used during class time only. On Fri., June 28, your class will give a recital for your friends and family!

Instructor: Mary Cooper, String Instructor, Private Studio PAC Room 231 13SCFK7081A

Reptiles and Amphibians Grades 5-8 \$65

Mr. Compton has been teaching College for Kids for many years and is the foremost authority on reptiles and amphibians! He will be bringing in his snakes, turtles, frogs and lizards to teach you about these fascinating creatures! How to care for and handle reptiles and amphibians is very important. You can also bring in your own pets (with prior approval) to this active classroom!

Instructor: Larry Compton, Garaway Local Schools S&T Room 107 13SCFK7000C

12:30 - 2:30 p.m.

NEW! All About Flowers! Grades 1-4 \$100 (supplies included)

Designing 101! Learn basic flower design, basic gardening and corsage making! Design a beautiful table setting using flower placement ideas and decorations that you have learned how to make yourself in this very creative class!

Instructor: Courtney Goodwin, Buckeye Career Center S&T Room ATC

College for Kids.

right, title and interest I may have in said photograph/video.

Signature of Parent/Guardian of CFK Participant

NEW! Fun with Paper Clay! Grades 1-4 \$85 (supplies included)

You can be a sculptor! Learn to design items with paper clay and make your choice of wind chimes, baskets, bird houses, bowls, cupcakes, lanterns, flower pots or monsters! You will learn different clay sculpting techniques, such as handbuilding, coiling, slab forming and making impressions! Students will need to bring an apron or large shirt to cover your clothes each day. Instructor: Carrie Kunkle, Claymont City Schools

S&T Room 123

CLASSES CONTINUED ON BACK

MEDICAL INFORMATION AND PERMISSION FORM

KENT STATE UNIVERSITY COLLEGE FOR KIDS

One per participant. For additional forms, photocopies may be used.

STUDENT NAME First	This form $\underline{\text{must}}$ be completed,	signed and returned	with registratio	n form.
First Last Birth Date PARENT/GUARDIAN NAME First Last Mother's Day Phone Other Emergency Contact First Name Last Name Father's Day Phone Other Emergency Contact First Name Last Name Phone Your child will be released only to the parent/guardian with signature on this form or to the authorized care giver(s) listed below who will be asked to show their photo I.D. First Name Last Name Relationship MEDICAL INFORMATION Does student have insurance through parent's employer? Yes No If yes, name of insurance company Medical Problems (X) Allergies (X) Diabetes Aspirin Orthopedic problems Asthma Sulfa Seizures Insect stings Cardiac problems Felicillin Following: (Please list) Asthma Sulfa Seizures Insect stings Cardiac problems of maintister Aspirin or Tylenol to your child? (Please check if yes) To protect your child/ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Physician: Located in Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the act	STUDENT NAME			
First		First	Last	Birth Date
First	PARENT/GUARDIAN NAME			
Other Emergency Contact First Name Last Name Phone Your child will be released only to the parent/guardian with signature on this form or to the authorized care giver(s) listed below who will be asked to show their photo I.D. First Name Last Name Relationship First Name Last Name Relationship MEDICAL INFORMATION Does student have insurance through parent's employer? Yes No If yes, name of insurance company Policy No. Medical Problems (X) Allergies (X) Current Medication (including over the counter) Diabetes Ashma Sulfa Seizures Insect stings Cardiac problems Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for, and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Located in Proferred Physicia: Located in Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save a	.,	First	Last	
Your child will be released only to the parent/guardian with signature on this form or to the authorized care giver(s) listed below who will be asked to show their photo I.D. First Name	Mother's Day Phone		Father's D	Day Phone
Your child will be released only to the parent/guardian with signature on this form or to the authorized care giver(s) listed below who will be asked to show their photo I.D. First Name	Other Emergency Contact			
First Name	Other Emergency Contact	First Name Last Na	me	Phone
MEDICAL INFORMATION Does student have insurance through parent's employer?	Your child will be released only giver(s) listed below who will b	/ to the parent/guardi le asked to show thei	ian with signatu ir photo I.D.	ure on this form or to the authorized care
MEDICAL INFORMATION Does student have insurance through parent's employer? ☐ Yes ☐ No If yes, name of insurance company ☐ Policy No. ☐ Medical Problems (X) Allergies (X) ☐ Current Medication (including over the counter) ☐ Diabetes ☐ Aspirin ☐ None ☐ Orthopedic problems ☐ Penicillin ☐ Following: (Please list) ☐ Asthma ☐ Sulfa ☐ Seizures ☐ Insect stings ☐ Cardiac problems ☐ Tetracycline ☐ Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. ☐ Yes ☐ No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities or Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Physician: ☐ Phone ☐ B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnify Kent State University, its employees and its agents, and the Kent State University College for Kids. C. Indemnify Kent State University, its employees and its agents, and the Kent State University College.	First Name	Last Name		Relationship
Does student have insurance through parent's employer? Yes No If yes, name of insurance company Policy No. None Orthopedic problems Aspirin None Penicillin Seizures Insect stings Penicillin Seizures Insect stings Periodic Poly No. Policy No. Policy No. Policy No. None Porthopedic problems Penicillin Pollowing: (Please list) Poly No. Poly	First Name	Last Name		Relationship
Does student have insurance through parent's employer? Yes No If yes, name of insurance company Policy No. Medical Problems (X) Allergies (X) Current Medication (including over the counter) Diabetes Aspirin None Orthopedic problems Penicillin Following: (Please list) Asthma Sulfa Seizures Insect stings Cardiac problems Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Physician: Preferred Physician: Preferred Physician: B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College for Kids.	MEDICAL INFORMATION			
Medical Problems (X) Allergies (X) Diabetes Aspirin Orthopedic problems Penicillin Asthma Sulfa Seizures Insect stings Cardiac problems Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Located in Preferred Physician: Preferred Physician: Preferred Physician: Preferred Physician: Preferred Physician: Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College for Kids.		through parent's emp	olover? \(\square \text{Yes}	s 🗆 No
Medical Problems (X) Allergies (X) Diabetes Aspirin Orthopedic problems Asthma Sulfa Seizures Insect stings Cardiac problems Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital:				
Diabetes Aspirin Penicillin Following: (Please list) Asthma Sulfa Seizures Insect stings Cardiac problems Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Preferred Physician: D. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College save and indemnify Kent State University, its employees and its agents, and the Kent State University College.	, ,	F J		
Orthopedic problems	Medical Problems (X) Allergies		Current Me	edication (including over the counter)
Asthma Sulfa Seizures Insect stings Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Preferred Physician: B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.		Aspirin		
Seizures Insect stings Tetracycline To whether the permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progr of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to enphysician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Physician: Described Ph				Following: (Please list)
Cardiac problems Tetracycline Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. ☐ Yes ☐ No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progrof physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to enphysician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Physician: ☐ Located in ☐ Phone ☐ B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University Colleges.				
Do we have permission to administer Aspirin or Tylenol to your child? (Please check if yes) To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progrof physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to rephysician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.	Seizures	Insect sting	gs	
To protect your child(ren) and the university community, Kent State University has established a mandatory immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Pes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progress of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to ephysician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Preferred Physician: Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.	Cardiac problems	retracyclin	ie	
mmunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progress of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to obscive any permission to engage in all activities, unless otherwise noted by me. I give permission to obscive any permission to engage in all activities, unless otherwise noted by me. I give permission to obscive any permission to engage in all activities, unless otherwise noted by me. I give permission to obscive any permission to engage in all activities, unless otherwise noted by me. I give permission to obscive any permission to engage in all activities, unless otherwise noted by me. I give permission to obscive any permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities, unless otherwise noted by me. I give permission to engage in all activities? Preferred Physician: B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State	Oo we have permission to adn	ninister Aspirin	or Tyleno	I to your child? (Please check if yes)
immunization policy. We need to know if your child received measles, mumps and rubella vaccines and has a tetanus shot current to within six years. Yes No Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progrof physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Preferred Physician: B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.	To protect your child(ren) and	the university commu	ınity Kent Statı	e University has established a mandatory
Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progrof physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.				
Do you know of any special needs or disabilities that make it advisable for your child to follow a limited progrof physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital:		-		,
of physical activity or to refrain from participating in any of the activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies (other than medication) or any physical conditions: PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure protreatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital:	a totaliao onot oarront to within	Tolk yourd: 🗀 100		
PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital:				
PERMISSION FORM A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital:	of physical activity or to refrain	from participating in	any of the acti	vities? If yes, please explain. Mention any
A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Located in	recent surgery, illness, broken	bones, injuries, allerg	gies (other thar	n medication) or any physical conditions:
A. Parent's Authorization: This medical history is correct to the best of my knowledge and the student herein described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Located in	DEDMICCION FORM			
described has my permission to engage in all activities, unless otherwise noted by me. I give permission to physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital:		medical history is co	orract to the has	st of my knowledge and the student herein
physician or hospital selected by a medical representative of Kent State University to hospitalize, secure pro treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Located in Located in Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.				
treatment for; and to order medications, injections, anesthesia or surgery for my child named above. Preferred Hospital: Located in Preferred Physician: Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.	physician or hospital selected	by a medical represe	entative of Kent	State University to hospitalize, secure proper
Preferred Hospital: Located in Preferred Physician: Phone Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.				
Preferred Physician: Phone Phone B. Medical Waiver: My son/daughter is in good health and can participate in the activities of Kent State University College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College.	Preferred Hospital:			Located in
for College for Kids. C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University Collec	Preferred Physician:			Phone
C. Indemnification by Guardian or Applicant: The undersigned guardian of the above named student agrees save and indemnify Kent State University, its employees and its agents, and the Kent State University College		ughter is in good heal	Ith and can par	ticipate in the activities of Kent State Universi
save and indemnify Kent State University, its employees and its agents, and the Kent State University College				
tor Kius, its agents, sponsors and employees against any and all liability, claims, judgements or demands fol				
damages arising as a result of injuries sustained while attending or participating in the Kent State University				

D. Photograph/Video Release: I hereby permit Kent State University to publish photographs and/or videotapes

E. Kent State reserves the right to dismiss any participant whose behavior is disruptive to the program.

for the purpose of promoting University programs which include the above named student. I hereby release all

I certify as a parent or guardian of the above named student that together we have reviewed all regulations in

these regulations will result in immediate dismissal from the program without a refund for the current session.

A, B, C, D and E pertaining to the Kent State University College for Kids and understand that failure to abide by

Date

College for Kids Registration Form

Online registration also available! www.tusc.kent.edu/BusinessCommunityServices/CFK

College for Kids is designed to provide exciting opportunities for exploration and learning during the summer months to challenge creativity and to expand horizons.

State June 18	Zip
June 18	r
ing for th	ne day.)
Fee:	
Fee:	Total:
July 16 ving for th	e day.)
Fee:	
Fee:	Total:
	Total:
9	Security Code
	Exp. Date
s per stude	ent (maximum \$100) bility.
	es" through his/her sch bility by calling the sch
e s,	ng availa d Lunche

Session 2: July 22-26 continued

12:30 - 2:30 p.m.

NEW! Beach Party! Grades 5-8 \$100 (supplies included)

Learn to create beach themed decorations, invitations, menus, and everything it takes to pull off a great beach party! You will also create your menu items, and prepare them for presentation at your party on Fri., July 26! Students will need to bring an apron.

Instructor: Angela Stewart, Newcomerstown Schools S&T Room 113

Fun en Español! Grades 5-8 \$65

Discover Mexico – not only the language but also the culture! Learn Spanish phrases and greetings; create a memories folder with games, worksheets, crafts and stories. Family is invited to a Fiesta with a Pinata on Friday! Students will need to bring a two pocket folder, 1/2" three-ring binder and pencil.

Instructor: Assistant Professor Megan Brady, Kent State Tuscarawas S&T Room 208 13SCFK7001B

NEW! Camp Eureka! Grades 1-4 \$100

The scientist is not a person who gives the right answers, they are the ones who ask the right questions. What do Leonardo Da Vinci, Alexander Graham Bell, Steve Jobs, Bill Gates and YOU all have in common? All are scientists who, in different ways, asked "why" and followed up with research, experiments, and then invented something amazing. We will examine inventions of the past, and create our own inventions for the future. You will also apply for, and receive, your very own patent. Equipped with our five senses, we explore the universe around us and call the adventure Science!

Founders Hall Gym



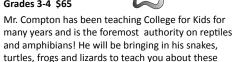
13SCFK7082B

Secret Agent Lab! Grades 1-4 \$100

Go inside a scientist's lab and discover the secrets you have always wondered about! Use your skills as a chemist to make your own radical reactions with batteries, nickels and more! Compare fingerprints and discover the mysteries of DNA as you fine-tune your secret agent skills. Make "brain goo" and check out your bones as you travel the organ trail and uncover the secrets of your own body. Become a Mad Science detective and use your forensic skills to solve the "Great Ice Cream Caper!"

Founders Hall Gym

Reptiles and Amphibians Grades 3-4 \$65



13SCFK7002B

and amphibians! He will be bringing in his snakes, turtles, frogs and lizards to teach you about these fascinating creatures! How to care for and handle reptiles and amphibians is very important. You can also bring in your own pets (with prior approval) to this active classroom!

Instructor: Larry Compton, Garaway Local Schools S&T Room 107 13SCFK7000D

Developing the Theater of Your Imagination! Grades 5-8 \$70

Calling all actors! With an emphasis on using theater and theatrical techniques, students will engage in focused storytelling, creative exercises and movement work to develop their creative process and gain experience performing for others. This course will be held in our beautiful Performing Arts Center, Students should wear comfortable clothes and shoes.

Instructor: Assistant Professor William Auld, Kent State Tuscarawas

PAC Room 233









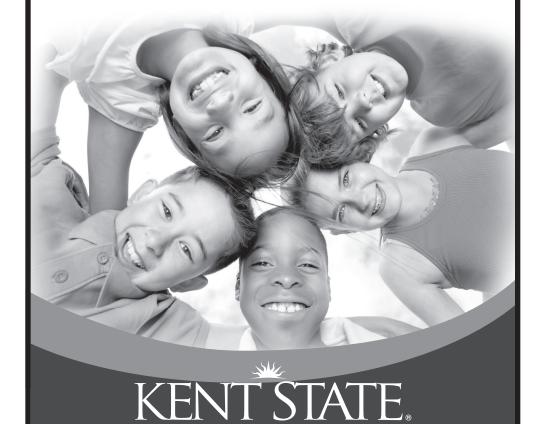
330 University Dr. NE, New Philadelphia, OH 44663-9403 Phone: 330.308.7434 • Fax: 330.308.7552



Summer 2013

Session 1: June 24-28 | Session 2: July 22-26

Students can register for morning (10 a.m. to noon), afternoon (12:30 to 2:30 p.m.) or both.



TUSCARAWAS

www.tusc.kent.edu/BusinessCommunityServices/CFK