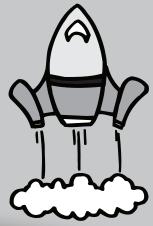


HOPKINSVILLE: June 16-20 ● June 23-27 ● July 7-11 ● July 14-18

CADIZ: July 21-25



celebrating 24 years of Kids in college can soar in 2014!

COLLEGE WITH A TWIST!

The grins and giggles never end in this week-long college camp offered in Hopkinsville and Cadiz! Designed for students who will be in grades 1 through 6 this fall, KICCS offers a great learning experience your child will always remember. Talented teachers lead the way with creative, hands-on activities designed for all ages to encourage lifelong learning. More than 5,600 students from across the mid-south have attended KICCS since 1991. Camp participants attend freshman orientation, create individual class schedules, and participate in KICCS graduation.

ONE WEEK SCHEDULE

Each KICCS session meets from 8:30 am to 12 pm for one week on the college's Hopkinsville campus or at Trigg County schools in Cadiz. Attend any number of weeks and choose three of 18 fun new classes to attend each week!

WEEKLY TUITION

Tuition is \$79 per student per week and includes class supplies, daily snacks, and a KICCS t-shirt. Tuition refunds granted if requested in writing one week before your KICCS week begins or if your week is cancelled.

SCHOLARSHIPS AVAILABLE

A limited number of scholarships are available. To apply, submit a written recommendation from your teacher and a scholarship application form by Friday, May 23, 2014.

QUESTIONS?

Contact T'ana in Workforce Solutions at (270) 707-3750, visit Community Education at hopkinsville.kctcs.edu or like us at facebook.com/HopkinsvilleCCYouth.

RATED 9.7 ON 10-POINT SCALE!*

"This was my first year sending my kids but they will return for years to come!"

"KICCS is an excellent program
for all students."

"Great experience! Keep up the good work!"

"Thank you again! We love KICCS!"

*Based on evaluations completed by parents of 2013 participants

REGISTRATION IS EASY!

- Complete the KICCS registration form on page 3.
- 2 Complete the insurance form on page 4.
- 3 If you have medical insurance, copy your card.
- Submit your registration form, insurance form, and insurance card copy with \$79/student per week.

MAIL to Hopkinsville Community College, KICCS, PO Box 2100, Hopkinsville, KY 42241; **OR**

CALL our office at (270) 707-3750 to pay the registration fee with your credit or debit card; **OR**

VISIT our office in Auditorium Room 13 on our Hopkinsville campus, 8 am to 4:30 pm, Monday-Friday.

Register early! Enrollment is limited to the first 15 paid registrants in each class. Registration deadline for each session is one week before that week of KICCS begins.



CHOOSE THREE FANTASTIC NEW CLASSES EACH WEEK!

Each KICCS session lasts one week. Choose three classes each week. Attend any number of weeks. Dates are June 16-20, June 23-27, July 7-11, and July 14-18 in Hopkinsville and July 21-25 in Cadiz. Schedule includes orientation at 8 am on Monday, three classes customized for grade levels every day from 8:30 am to 12 pm, and graduation at 12 pm on Friday.

CLASSES OFFERED IN JUNE IN HOPKINSVILLE

EXTENSION INVENTIONS

What do bridges, cranes and elbows have in common? They extend! From bridges over lakes to giant cranes that build them and joints that help us swim, explore these inventions using Legos, robots, and more! Taught by Jennifer Jatczek. SC • MA

HURRAY FOR HOMETOWN HEROES!

Want to be a hero some day? How about a Hometown Hero! They're always there when we need them ... police, firefighters, nurses, EMT's, even the electric company! Learn how you can be a Hometown Hero, too! Taught by Brett Pritchett. SS • SC • MA

BLAST OFF! BE A TOTAL SPACE CADET

To infinity ... and BEYOND! Moon-walk your way through a gravity-defying week. Build a rocket, study space artifacts and even make solar system jewelry. Gain an understanding of space exploration that will be out of this world! Taught by Courtney Bourne. MA • SC

IT'S ALL GREEK TO ME

There were myths way before they were "busted" on TV. And, Hercules was a myth way before the movie! Explore the culture of ancient Greece, and the heroes and bad guys of Greek mythology then, make up your own! Taught by Amanda Kirves. AR • SS

iHOLA! ¿COMO ESTAS?

Know what that means? Join us to find out! Take a fun and colorful journey through Latin America as we see the sights, taste the food, and plan a party, or should we say "partido!" Grab your maracas and get shaking! Taught by Rusty Guzman. AR • SS • MU

ROCKIN' THE RED, WHITE AND BLUE!

America Rocks! Learn what makes our great nation ... GREAT! Explore our national symbols, visit famous landmarks and show off your patriotic pride through music and art during the graduation on Friday. Taught by Sherry Holloway. SS • AR • MU • TH

CLASSES OFFERED IN JULY IN HOPKINSVILLE

LEGO MY ROBOT!

Imagine a world where YOU are the boss of your own robot!
That time is now! Learn to program a Lego robot using a laptop computer and 3-D thinking. Make your robot follow your command to accomplish a task. Taught by Stuart Zieman. MA • SC

MATH MYSTERIES

There's a new lunch lady and now your favorite foods are all mixed up! The team mascot has been stolen and there are few clues to help find it. Are you ready to be a math detective to solve these and other mysteries? Taught by Kristen Haley. MA • TH

FASCINATING ILLUSTRATING

Don't just play video games, create them! Don't just take selfies, make photo-journals! Create and illustrate your story using basic computer programing and amazing technology to share during graduation on Friday. Taught by Judith Hamilton. LA • SC • SS

CULTURE CLUB

Our town is made up of people from all over the world! Meet special guests from Hopkinsville to explore global cultures. Learn Indian dances. Play Japanese games. Cook Mexican dishes. Create Ethiopian artifacts! Taught by Chloe Muller. AR • DA • LA • MU • SS

THE BEST OF BARCELONA

That's a Gaudi building. Not Gaudy. Gaudi! The architect who created the most colorful buildings in Barcelona, Spain. Use math, art and nature to inspire your designs, and study the food and sports that inspire a nation. Taught by Amanda Kirves. AR • MA • SS

THAT'S HOW WE RULE

Every country has a government, but what exactly does it do and how are decisions made? Learn about what life is like under different styles of government and then, you decide ... would you rather be a kid here or there? Taught by Brett Pritchett. SS

CLASSES OFFERED JULY 21-25 IN CADIZ

RED HOT SCIENCE

Science is hot stuff! Explore volcanoes, create heat energy, use chemistry to make your own hand warmers and study the red hot energy sources found on earth. Then use your hot new knowledge to learn to put a fire out! Taught by Courtney Bourne. MA • SC • SS

CODING FOR COOL KIDS

What does "coding" mean to a COOL kid like you? Find out in this intro to computer programming! Create a greeting card, invent a video game or make a youtube-worthy video using your cool kid coding skills. Taught by Sherry Holloway. SC • SS • LA • MA

CADIZ RACERS

What makes a great Cadiz Racer? An awesome car, smart driver and practice, practice, PRACTICE! Design and build your own racer and rule the track! Or, learn from defeat and go back to the drawing board. Let's RACE! Taught by Judith Hamilton. MA • SC

WHERE'D ART START?

Ever wonder how an artist becomes famous or how a museum director decides what is good? Explore different periods of art and its impact today. Discover what it takes to become an artist and create works of art of your own! Taught by Amanda Kirves. AR • SS

MASTER OF THE MARIONETTE

How do you create a masterpiece marionette? Using geometry, silly bird! Construct a feathery friend using spheres, lines, and fun supplies, and then conduct a masterful marionette performance during Friday graduation. Taught by Karen Rogers. MA • AR • TH

HAPPY HOLIDAY HISTORY

Do you LOVE celebrating your birthday? Wonder why we send Valentines in February or wear green on St. Patrick's Day? Discover the history of holidays and share treats and crafts from around the world. Taught by Michelle Strickland. AR • LA • MA • SS



Parent/Guardian Name_

KICCS 2014 REGISTRATION FORM

Hopkinsville Community College • Workforce Solutions and Community Education 720 North Drive, Auditorium Building Room 13, Hopkinsville, KY 42240 • (270) 707-3750

STUDENT		
Full Name	Name Preferred o	on Nametag
Fall 2014 School		Gender □ Male □ Female
Hometown		fore this one?
Mailing Address		
City		ZIP
· ·	e □ Adult Small □ Adult Med □ Adult	
	rican 🗆 Asian American 🗖 Hispanic 🗖 C	_
PARENT/GUARDIAN		
Parent/Guardian Name	Parent/Guardian	Day Phone
Parent/Guardian Email (for program ann	nouncements)	
PAYMENT The KICCS registration fee registration form is accompanied by a \$7° assessed on checks returned for insufficient KICCS week begins or if your week is canon	is \$79 per student per week. Program end payment or after a scholarship application funds. Tuition refunds granted if requested. HCC reserves the right to cancel and American Express Discover	rollment is secured only when the on has been approved. A \$50 fee will be ested in writing one week before your y class.
Credit Card #	•	еыт пспеск (рауаые то псс) псазп
Name on Card		
	cholarship. I understand class enrollment	
CLASS SELECTION First decide if y classes listed for the week you will attend correct registration fee. You will attend t is full, you will be placed in the other class registered students before the first day of	you will enroll in June, July or Cadiz. Then I. Remember you can attend more than on he same three classes each day. Class enr s in the pair. HCC will send confirmation p f class. If you have any questions, please c	choose one class from each pair of ne week! Just be sure to submit the ollment is limited. If a class you choose packets, including class assignments, to all us at (270) 707-3750.
TO ATTEND IN JUNE:	TO ATTEND IN JULY:	TO ATTEND IN CADIZ:
Mark week and one class in each pair. □ JUNE 16-20 □ JUNE 23-27 □ Inventions OR □ Greek to Me □ Hometown Heroes OR □ Hola! □ Blast Off OR □ Rockin' the Red	Mark week and one class in each pair. ☐ JULY 7-11 ☐ JULY 14-18 ☐ Lego My Robot OR ☐ Culture Club ☐ Math Mysteries OR ☐ Barcelona ☐ Fascinating OR ☐ How We Rule	Mark week and one class in each pair. ☐ JULY 21-25 ☐ Red Hot Science OR ☐ Art Start ☐ Coding for Kids OR ☐ Marionette ☐ Cadiz Racers OR ☐ Happy Holiday
Hopkinsville Community College and Ker	ardian, I give my permission for my son or ntucky Community and Technical College materials and advertisements used to pro	System materials, including but not

INSURANCE Students are NOT required to have personal medical insurance; however, a parent/guardian must complete the insurance form found on the back of this registration form and, if applicable, provide a copy of an insurance card before the student will be permitted to attend class.

Signature _

Kentucky Community and Technical College System Excess Insurance for Camps/Conferences/Field Trips

Summary of Coverage

Insurance Carrier: AXIS Insurance Company

Coverage: Insurance coverage is on an excess basis only. The participants' personal health insurance policy will be primary and provide coverage for accident. The excess policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and co-insurance amounts if applied under the participants' personal policy.) The benefit period is one year. The first expense must be incurred within 90 days of the accident. If the participant does not have personal health insurance coverage, this excess policy will first dollar, up to the limits of this policy. Sickness is not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

ge Benefits and Limits:	Accident Medical Expense (Excess) Deductible AD&D and Paralysis, Principal Sum Benefit Period Effective Date	\$25,000 Nil \$15,000 One Year 7/1/13
	Expiration Date	7/1/14

Consent to Medical Treatment/Insurance Statement

It is understood that authority given to the Kentucky Community and Technical College System, or anyone they may designate, to have my son/daughter treated for injuries or illness he/she incurs during a designated camp, conference, or field trip activity with KCTCS.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give KCTCS, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the Kentucky Community and Technical College System's Camps/Conference/Field Trip Policy. I also understand that KCTCS insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

Date	Name of Participant	Signature (Parent/Guardian if claimant is a minor)	Š
nergency Contact (Emergency Contact (if other than parent)	Phone	ď

Medical Authorization

Authorization to Release Information: I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment-related information concerning the patient, to any CIGNA company, the Plan administrator or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.

Signature (Parent/Guardian if claimant is a minor)	or) Date	Phone
Payment Authorization: Lauthorize all current and future medical benefits, for services rendered and billed as a	t and future medical benefit	s, for services rendered and billed as a
result of this claim, to be made payable to the physicians and providers indicated on the invoices.	hysicians and providers ind	icated on the invoices.

Signature (Parent/Guardian if claimant is a minor)

Date

Kentucky Community and Technical College System Camps/Conferences/Field Trips

Form	
nformation	
Insurance li	
Medical	

City City Date of Birth Date of Birth Se(s) Mother Father Step Father Step Father Step Father Step Father Father Mother Father Date of Birth Member ID Phone	Address			
City City State Butter Date of Birth Date of Birth Date of Birth Mother Father Mother Father Mother Father Mother Father Mother Step Father Member ID Phone Date of Birth Member ID Phone Date of Birth Member ID Phone Date of Birth Phone Date of Birth Date of Birth Phone Date of Birth Date of Birth Phone Date of Birth				
her her her her her her her her her hirth hone hone hone hone hone hone hone hon		Street		Apt. #
unity Number Date of Birth Mother Father Mother Father Mother Step Father Step Father Step Father Step Father Step Mother Step Father Step Father Step Father Step Father Date of Birth Member ID Primary Insurance Information Member ID Phone Date of Birth Member ID Phone Date of Birth Member ID Phone Date of Birth Member ID Phone		City	State	ZIP Code
Date of Birth Mother Father Mother Mother Step Mother Step Mother Step Father Step Father Step Father Step Father Step Father Step Father Step Rother Step Mother Father Primary Insurance Information Member ID Phone Date of Birth Member ID Phone	Participant's Social	Security Number		
Mother Step Mother Step Father	Age	Date of Birth		
Mother Father Mother Mother Father Step Father Step Father Step Father Step Father Other than Parent/Guardian) Primary Insurance Information Member ID Phone Tance (if participant is also covered under this policy) Member ID Phone Phone Phone	Parent/Guardian Na	me(s)		
Father Step Father Step Mother Step Mother Step Father	Business Phone	Mother	Step Mother	
Mother Father Mother Mother Father Step Father Step Mother Step Mother Step Mother Step Mother Step Mother Step Mother Step Father Other than Parent/Guardian) Primary Insurance Information Member ID Phone Phone Date of Birth Member ID Phone Phone Phone		Father	Step Father	
Father Mother Step Father Step Mother Father Step Fat	Cell Phone	Mother	Step Mother	
Mother Step Mother Father Other than Parent/Guardian) Primary Insurance Information Wering Participant Member ID Phone Date of Birth Member ID Phone Phone Phone Phone Phone		Father	Step Father	
Father Step Father other than Parent/Guardian) Primary Insurance Information Primary Insurance Information Member ID Phone ance (if participant is also covered under this policy) Member ID Phone Phone Phone Phone	Home Phone	Mother	Step Mother	
Primary Insurance Information Primary Insurance Information Primary Insurance Information Member ID Phone Date of Birth Member ID Phone Phone		Father	Step Father	
Primary Insurance Informat vvering Participant rance (if participant is also covered under thi	Neighbor or Relativ	e (other than Parent/Guardian)		Phone
vering Participant		Primary Insurance	nformation	
rance (if participant is also covered under thi	Parent's Insurance	Covering Participant		
rance (if participant is also covered under thi	Insured		Date of Birth	
rance (if participant is also covered under thi	Policy Number		Member ID	
rance (if participant is also covered under thi	Insurance Company		Phone	
nt's Insurance (if participant is also covered under thi 	Insurance Co. Addre			
	Second Parent's In	surance (if participant is also covered ı	under this policy)	
J.	Insured		Date of Birth	
	Policy Number		Member ID	
	Insurance Co		Phone	

If you have insurance you must submit a copy of the front and back of all insurance and Rx identification cards covering participants. Thank you!

Check and sign if participant has no health coverage.

There is no health insurance coverage for this participant at this time.

Date	
Signature (Parent/Guardian if claimant is a minor)	Health Conditions or Food Allergies