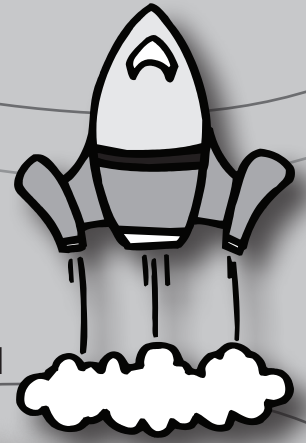


KICCS



HOPKINSVILLE: June 12-16 • June 19-23 • July 10-14 • July 17-21
CADIZ: June 26-30

*Celebrating 27 years of
Kids in College Can Soar in 2017!*

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. Nearly 6,400 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 26, 2017.

QUESTIONS?

Contact Tierra in Workforce Solutions at (270) 707-3750, visit Community Education at hopkinsville.kctcs.edu or like us at [facebook.com/HopkinsvilleCCYouth](https://www.facebook.com/HopkinsvilleCCYouth).

RATED 9.6 ON 10-POINT SCALE!*

"Keep up the good work! Great program!"
"My son loved KICCS! We will be back!"
"My kids made new friends and want to come back. Thank you! We will be back!"
"Staff is always very friendly! Thank you!"

*Based on evaluations completed by parents of 2016 participants

REGISTRATION IS EASY!

- 1 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.
- 4 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.

Hopkinsville 
Community College

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 12-16, June 19-23, July 10-14, and July 17-21 in Hopkinsville and June 26-30 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

SUPERHERO SCIENCE

Greetings heroes! Experiment with the science behind your favorite superhero! How does Ironman build his cool suits? Where does the Hulk get his strength? How can superhero science help real-life people be heroes too? Taught by Brett Pritchett. SC

THE DEEP BLUE SEA

Experience life under the sea as we journey with whales, sharks, dolphins, sea turtles and octopuses. Explore their world, grow along with them, and create a book of your ocean adventures. Taught by Anne Noel. SC • AR

AROUND THE WORLD IN 80 MINUTES

A rocket can orbit the earth in just 80 minutes! Build balloon rockets and paper planes to find out how they fly and race against your friends. Create a pinhole camera viewer to safely watch the eclipse. Taught by Arthur Schultz and Scott Bain. MA • SC

FANTASTIC BEASTS

Travel the continents to discover the world's most fantastic beasts and the amazing ecosystems that support them. You'll be inspired by extinct, mythical, and contemporary creatures as you create your own travel book. Taught by Faye Hendricks. AR • LA • SC • SS

DINOSAURS, DIAMONDS AND DREAMS

Create your own exhibit of dinosaur displays, colorful paintings, mysterious mummies or the crowns of kings. Explore museums – from The New York Met to the Tower of London – to find your inspiration! Taught by Amanda Baxter. AR • LA • SC • SS

WASTE MANAGEMENT

Knock the dust off paint buckets and trash cans and learn to play a funky beat! Show off your new musical skills for family and friends at graduation. You'll have no problem taking out the trash after this bucket drumming boot camp! Taught by Calvin Warren. MU

CLASSES OFFERED IN JULY IN HOPKINSVILLE

THE WAY THINGS WORK

From brownie mix to truck frames, lots of things you use every day are made right here in Hopkinsville by companies from around the world. Go behind the scenes to learn about these companies and their countries. Taught by Stuart Zieman. SC • SS

UNLEASH THE POWER OF MINECRAFT

Participate in five creative hands-on quests and learn to connect these classroom projects with in-game challenges. Explore, design and build your own world where you are only limited by your imagination. Taught by Karen Rogers. MA • SC • SS

OUT OF THIS WORLD

Find your place in space! Climb aboard our rocket ship to travel to planets in our solar system and on to the stars. Discover what makes our earth special and find out why we will all be in Eclipseville in August. Taught by Brett Pritchett. SC • MA

SUPER SAFARI

Do you have a favorite animal? Travel the world to learn about creatures big and small, then create your own animal artwork. Find out what lives on every continent, learn about the "river horse," and much more! Taught by Amanda Baxter. AR • SC • SS

DREAM WEAVER

Every weaver can weave a wonderful weave! Practice the tradition of weaving using fun art supplies and a few wacky words. Find out how weaving has impacted cultures and be ready to weave on! Taught by Sherry Holloway. AR • LA • MA • SS

MOVE IT, MOVE IT!

Get your body moving! Learn how to stretch your muscles with yoga and get your heart pumping with kickboxing. Make yummy treats that are good for you. Demonstrate what you learn at graduation on Friday. Taught by Kristin Haley. DA • SC

CLASSES OFFERED JUNE 26-30 IN CADIZ

YOU MADE WHAT?

Here is your chance to mix your creativity with your science skills to make cool projects! Make your own solar artwork, oozy slime, bouncy balls and kinetic sand! Create something new to take home every day! Taught by Rusty Villasenor. AR • MA • SC

MAKERCAMP

Can you find the solution to a problem using a paperclip or a rubber band like MacGyver? Learn how to think in 3D, solve fun puzzles with simple solutions, and create awesome moveable robots! Taught by Michelle Strickland. AR • LA • MA • SC • SS

MAKING MATH MAGIC

Test your math skills with games, music and races! Explore all kinds of math and see how to make it fun. Use your skills to build a tiny house, play Uno and Go Fish, and crack a secret code. Join the math party and have fun! Taught by Amanda Baxter. AR • MA

TEMPLES, TOMBS AND TREASURES

Walk like an Egyptian! Follow hieroglyphs in an Egyptian market where you'll learn to barter and trade. Make your own papyrus, mummy cases, and historical timeline to see how old ancient Egypt really is! Taught by Darcy Garland. AR • LA • MA • MU • SC • SS

A GLOBAL VILLAGE

What if the world was actually just a village of only 100 people? What would it look like? Explore the lives of these villagers to find your place and learn about food, games, fashion, and life on every continent. Taught by Brett Pritchett. AR • DA • LA • MA • MU • SS

TAKE FLIGHT!

Now boarding for an exciting adventure into flight! Design, build and test your own gliders and bottle rockets. Learn more about the Wright brothers and Amelia Earhart. Pack your curiosity and come on our journey! Taught by Jennifer Jatzcak. LA • MA • SC



KICCS 2017 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 on Nametag _____
 Fall 2017 School _____ Fall 2017 Grade _____ Gender Male Female
 Hometown _____ Years in KICCS before this one? _____
 Mailing Address _____
 City _____ State _____ ZIP _____
 Shirt Size Youth Med Youth Large Adult Small Adult Med Adult Large Birthdate _____
 Race White Black Native American Asian American Hispanic Other Age on June 1 _____

PARENT/GUARDIAN

Parent/Guardian Name _____ Parent/Guardian Day Phone _____
 Parent/Guardian Email (for program announcements) _____

FORMS ONLINE AND ON CAMPUS Scholarship forms and an electronic version of this registration form are available online at hopkinsville.kctcs.edu > Community Education > Youth Programs; on HCC's campus in the Workforce Solutions Office in Auditorium Room 13 from 8 am to 4:30 pm, Monday-Friday; or by mail.

PAYMENT The KICCS registration fee is \$79 per student per week. Program enrollment is secured only when the registration form is accompanied by a \$79 payment or after a scholarship application has been approved. A \$50 fee will be assessed on checks returned for insufficient funds. Tuition refunds granted if requested in writing one week before your KICCS week begins or if your week is cancelled. HCC reserves the right to cancel any class.

Payment Method VISA MasterCard American Express Discover Debit Check (payable to HCC) Cash
 Credit Card # _____ Expiration Date _____
 Name on Card _____ Signature _____

I have submitted an application for a scholarship. I understand class enrollment will be made after application approval.

CLASS SELECTION First decide if you will enroll in June, July or Cadiz. Then choose one class from each pair of classes listed for the week you will attend. Remember you can attend more than one week! Just be sure to submit the correct registration fee. You will attend the same three classes each day. Class enrollment is limited. If a class you choose is full, you will be placed in the other class in the pair. HCC will send confirmation packets, including class assignments, to registered students before the first day of class. If you have any questions, please call us at (270) 707-3750.

TO ATTEND IN JUNE:
 Mark week and one class in each pair.
 JUNE 12-16 JUNE 19-23
 Superhero **OR** Fantastic Beasts
 Deep Blue Sea **OR** Dinosaurs
 80 Minutes **OR** Waste Management

TO ATTEND IN JULY:
 Mark week and one class in each pair.
 JULY 10-14 JULY 17-21
 Things Work **OR** Super Safari
 Minecraft **OR** Dream Weaver
 Out of This World **OR** Move It!

TO ATTEND IN CADIZ:
 Mark week and one class in each pair.
 JUNE 26-30
 You Made What **OR** Temples
 MakerCamp **OR** Global Village
 Math Magic **OR** Take Flight

PHOTO RELEASE As a parent or guardian, I give my permission for my son or daughter's image to be used in Hopkinsville Community College and Kentucky Community and Technical College System materials, including but not limited to publications, video, marketing materials and advertisements used to promote the colleges of KCTCS.

Parent/Guardian Name _____ Signature _____

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.

**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. Also, pre-existing conditions are 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.

Coverage Benefits and Limits:

Accident Medical Expense (Excess)	\$25,000
Deductible	Nil
AD&D and Paralysis, Principal Sum	\$15,000
Benefit Period	One Year
Effective Date	7/1/16
Expiration Date	7/1/17

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/Conferences/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)
Emergency Contact (if other than parent)	Phone	

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)	Date	Phone
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Payment Authorization: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.

Signature (Parent/Guardian if claimant is a minor)	Date
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**Kentucky Community and Technical College System
Camps/Conferences/Field Trips**

Medical Insurance Information Form

Participant Name _____

Last _____ First _____ Middle _____

Address _____ Street _____ Apt. # _____

City _____ State _____ ZIP Code _____

Participant's Social Security Number _____

Age _____ Date of Birth _____

Parent/Guardian Name(s) _____

Business Phone _____ Mother _____ Step Mother _____

Father _____ Step Father _____

Cell Phone _____ Mother _____ Step Mother _____

Father _____ Step Father _____

Home Phone _____ Mother _____ Step Mother _____

Father _____ Step Father _____

Neighbor or Relative (other than Parent/Guardian) _____ Phone _____

Primary Insurance Information

Parent's Insurance Covering Participant

Insured _____ Date of Birth _____

Policy Number _____ Member ID _____

Insurance Company _____ Phone _____

Insurance Co. Address _____

Second Parent's Insurance (if participant is also covered under this policy)

Insured _____ Date of Birth _____

Policy Number _____ Member ID _____

Insurance Co _____ Phone _____

Insurance Co. Address _____

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.

Signature (Parent/Guardian if claimant is a minor) _____ Date _____

Health Conditions or Food Allergies

Please check here if no health conditions or food allergies.