



**Johnson County Campus
Registration Packet**

June 2 – 5, 2025



2025 KIDS COLLEGE JOHNSON COUNTY CAMPUS SCHEDULE

8:00 - 8:15 | STUDENT CENTER

8:15 - 9:15

1ST BACKYARD HABITATS
 1ST FUTURE NURSES
 1ST MINI SPORTS
 2ND AMERICAN SIGN LANGUAGE
 2ND MATH BLASTS
 2ND SPANISH FOR KIDS
 3RD CYBER KIDS
 3RD NEEDLECRAFT ARTS
 3RD THINK LIKE A BOTANIST
 4TH CRIMINAL LAW FOR BEGINNERS
 4TH LET'S PUT ON A SHOW
 4TH PERMIAN PLAYGROUND
 5TH ART OF ART
 5TH POWER IT UP!
 5TH THINK LIKE A SCIENTIST
 6-8TH EXPERIENCING EMERGENCY MEDICAL SERVICES
 6-8TH READING ENRICHMENT
 6-8TH WRITING WITH CREATIVITY

9:30 - 10:30

1ST AMERICAN SIGN LANGUAGE
 1ST LET'S PUT ON A SHOW
 1ST WRITING WITH CREATIVITY
 2ND BACK YARD HABITATS
 2ND FUTURE NURSES
 2ND THINK LIKE A BOTANIST
 3RD ART OF ART
 3RD MATH BLASTS
 3RD SPANISH FOR KIDS
 4TH CYBER KIDS
 4TH NEEDLECRAFT ARTS
 4TH THINK LIKE A SCIENTIST
 5TH EXPERIENCING EMERGENCY MEDICAL SERVICES
 5TH MINI SPORTS
 5TH READING ENRICHMENT
 5-6TH CRIMINAL LAW FOR BEGINNERS
 6-8TH WELCOME TO REAL WORLD MORNING
 6-8TH POWER IT UP!
 6-8TH PERMIAN PLAYGROUND

10:45 - 11:45

1ST CYBER KIDS
 1ST EXPERIENCING EMERGENCY MEDICAL SERVICES
 1ST READING ENRICHMENT
 2ND MINI SPORTS
 2ND NEEDLECRAFT ARTS
 2ND PERMIAN PLAYGROUND
 3RD AMERICAN SIGN LANGUAGE
 3RD POWER IT UP!
 4TH BACK YARD HABITATS
 4TH SPANISH FOR KIDS
 4TH ART OF ART
 5TH FUTURE NURSES
 5TH MATH BLASTS
 5TH THINK LIKE A BOTANIST
 5TH WRITING WITH CREATIVITY
 6-8TH LET'S PUT ON A SHOW
 6-8TH THINK LIKE A SCIENTIST
 7-8TH CRIMINAL LAW FOR BEGINNERS

11:45 - 12:45 | LUNCH

TEACHERS DELIVER THEIR STUDENTS TO THE STUDENT CENTER

1:00 - 2:00

1ST MATH BLASTS
 1ST SPANISH FOR KIDS
 1ST THINK LIKE A BOTANIST
 2ND CYBER KIDS
 2ND LET'S PUT ON A SHOW
 2ND THINK LIKE A SCIENTIST
 3RD BACK YARD HABITATS
 3RD READING ENRICHMENT
 3RD WRITING WITH CREATIVITY
 4TH AMERICAN SIGN LANGUAGE
 4TH EXPERIENCING EMERGENCY MEDICAL SERVICES
 4TH POWER IT UP!
 5TH SIMPLE CIRCUITS: WATT'S UP!
 5TH UNDER THE HOOD
 5TH NEEDLECRAFT ARTS
 5TH PERMIAN PLAYGROUND
 6-8TH MINI SPORTS
 6-8TH ART OF ART
 6-8TH FUTURE NURSES
 6-8TH COSMETOLOGY

2:15 - 3:15

1ST NEEDLECRAFT ARTS
 1ST POWER IT UP!
 2ND ART OF ART
 2ND READING ENRICHMENT
 3RD EXPERIENCING EMERGENCY MEDICAL SERVICES
 3RD THINK LIKE A SCIENTIST
 3RD PERMIAN PLAYGROUND
 4TH WRITING WITH CREATIVITY
 4TH FUTURE NURSES
 4TH MINI SPORTS
 4TH THINK LIKE A BOTANIST
 5TH CYBER KIDS
 5TH LET'S PUT ON A SHOW
 6TH SIMPLE CIRCUITS: WATT'S UP!
 6TH UNDER THE HOOD
 6-8TH BACK YARD HABITATS
 6-8TH AMERICAN SIGN LANGUAGE
 6-8TH MATH BLASTS
 6-8TH SPANISH FOR KIDS

3:30 - 4:30

1ST PERMIAN PLAYGROUND
 1ST ART OF ART
 1ST THINK LIKE A SCIENTIST
 2ND EXPERIENCING EMERGENCY MEDICAL SERVICES
 2ND POWER IT UP!
 2ND WRITING WITH CREATIVITY
 3RD FUTURE NURSES
 3RD MINI SPORTS
 3RD LET'S PUT ON A SHOW
 4TH MATH BLASTS
 4TH READING ENRICHMENT
 5TH BACK YARD HABITATS
 5TH AMERICAN SIGN LANGUAGE
 5TH SPANISH FOR KIDS
 6-8TH THINK LIKE A BOTANIST
 6-8TH CYBER KIDS
 6-8TH NEEDLECRAFT ARTS
 7-8TH SIMPLE CIRCUITS: WATT'S UP!
 7-8TH UNDER THE HOOD

4:30 - 4:45 | STUDENT CENTER



Please view the schedule and fill in your top 3 desired class choices.

Grade_____	1st Choice	2nd Choice	3rd Choice
8:15 - 9:15 a.m.			
9:30 - 10:30 a.m.			
10:45 - 11:45 a.m.			
1 - 2 p.m.			
2:15 - 3:15 p.m.			
3:30 - 4:30 p.m.			

JOB TRAINING & WORKFORCE PARTNERSHIPS



2025 KIDS COLLEGE REGISTRATION FORM JOHNSON COUNTY CAMPUS



Name/Nombre: Last/Ultimo _____ First/Primero _____ MI/Medio _____

Date of Birth /Fecha de Nacimiento _____ Social Security Number/Numero de Seguro Social _____

Mailing Address/Domicilio _____ City/Ciudad _____ State/Estado _____ Zip Code _____ County/Condado _____

E-mail address (correo de computer) _____ Home Phone Number/Humero del Telefono Hogar _____ Cell Phone Number/ Humero del Telefono Cell _____

Child T-Shirt Size _____ Name of School/Nombre de la Escuela _____ Grade in School/Grado en la Escuela _____

Ethnicity/Race

☐ White/Blanco

☐ Hispanic/Hispano

☐ Asian/Asiatico

☐ Black or African American/
Negro

☐ Native Hawaiian or Pacific
Islander

☐ Alaskan Native/American

☐ Indian/Indio Americano
Multiracial

Sex

☐ Male/Hombre

☐ Female/Mujer

Native Language Spoke at Home _____

Liability Release:

As the parent/legal guardian of the above named student, I release Hill College from all responsibility in case of an accident.

Como el guardian sobre nombrado estudiante, yo suelto Hill College de toda responsabilidad en caso de un accidente.

Signature/Su Firma: _____ Date: _____

Complete the area below if using a credit card to register by mail.

☐ MasterCard

☐ Discover

☐ American Express

☐ Visa

Exp. Date: _____

Amount charged: \$ _____

Name on card: _____

Signature: _____

Credit card number: _____ Zip Code: _____ CVC: _____

Please note that student will be responsible for payment if charge is declined.

Name of Course	Start Date	Course Prefix	Course #	Section #	Quarter	Location	Tuition
Kids College All Day	June 2, 2025	HCKK	1003	O2-JC	Q4	Johnson County Campus, Cleburne	\$120
Total Tuition Fees							

FOR OFFICE USE ONLY

Roster: _____ Spreadsheet: _____ Name Tags: _____

Permission Form: _____ T-Shirts: _____

Registration deadline is May 16, 2025.
El ultimo dia de registro es 16 de Mayo de 2025.



Emergency/Permission Release Form

My child/dependent, _____, has my permission to participate in the Kids College program, which I have registered him/her for on the Job Training & Workforce Partnerships registration form.

I hereby authorize the following person or persons to pick up my child/dependent. I fully understand that all pick up drivers may be asked daily to show their driver's license before a child/dependent is released into their custody. I understand under no circumstances will the child/dependent be released unattended onto the Hill College campus. All children must be picked up by an authorized person at the end of class days. Changes in pickup drivers must be submitted in writing. Any child picked up late will be kept at the JCC Student Center for pick up by the authorized person. If the responsible person for picking up the child is late two times, the child will not be allowed to continue the courses and no fees will be given as there are no provisions for extended care during the Kids College program.

Pickup Driver Name: _____

Home Phone: _____ Business Phone: _____ Cell Phone _____

I hereby grant Hill College permission to transport my child to an offsite Hill College location for certain classes when necessary. Example of classes: Cosmetology; Future Nurse; Experiencing Emergency Medical Services; Simple Circuits; Under the Hood.

I hereby grant Hill College permission to use my child/dependent's likeness in a photograph or a video in any and all of its publications, including outside billboards and websites, without payment or any consideration.

I understand and agree that these materials and photographs are the property of Hill College.

I hereby irrevocably authorize Hill College to edit, alter, copy, exhibit, publish, or distribute these photographs for purposes of advertising, marketing, and publicizing Hill College's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written/physical or electronic copy, wherein my child/dependent's likeness appears. I also waive the right to royalties or other compensation arising or related to the use of these photographic materials.

I hereby hold harmless and release and forever discharge Hill College from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf of my estate have or may have in the future by reason of this authorization and release.

I hereby certify that I am the parent or legal guardian of the child/dependent named above, and I do hereby give my consent without reservation or further consideration to the foregoing on behalf of this minor child.



Emergency/Permission Release Form

In case of emergency or if the Office of Job Training & Workforce Partnerships must contact me for any reason, I may be reached at the following numbers:

Parent/Legal Guardian Name: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

If unable to contact me, please contact: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

In the event of a medical emergency for my child and I cannot be reached, have my child transported to the closest hospital/doctor for treatment. My child's medical information:

Doctor's Name: _____

Doctor's Phone Number: _____

Hospital Name: _____

Medical Insurance Name: _____

Medical Insurance Policy #: _____

Is your child currently on any medications? ____ Yes ____ No

If so, what? _____

If my child is required to take prescribed medications including over-the-counter medications and I am not available during the hours of Kids College, I give permission to Hill College to administer the medications. All medications must be in the original container. List of common over-the-counter medications (i.e., Tylenol, ibuprofen, Benadryl, topical Benadryl, bug spray, sunscreen, hydrocortisone, etc.).

Does your child have any medical allergies? ____ Yes ____ No

Any known allergies or significant medical history (please list and explain) _____

Does your child have any specific emotion, developmental, or physical disabilities that need accommodation? ____ Yes ____ No

If so, please list and explain _____

Does your child have any food allergies? ____ Yes ____ No

Any known food allergies (please list and explain) _____



Emergency/Permission Release Form

I, the parent/legal guardian, of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities which may result in injury which might result not only from their own actions, inactions, or negligence, but action, inaction, or negligence of others, rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Hill College, its sponsors, coaches, employees, and associated personnel used to conduct the program from any and all liability as a result of the applicant's participation in the Kids College program. I hereby give my consent for Hill College personnel to provide the participant with medical assistance and/or treatment as necessary and agree to be financially responsible for the cost of such assistance and/or treatment.

I have read all the information provided to me upon registration of my child into Kids College, and I fully understand and will abide by the rules and regulations set forth by Hill College. If for any reason my child is dismissed from the Kids College program for disciplinary reasons, I understand that no refund will be given.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian



Hill College is committed to each student's success in learning within a caring, responsive, and safe environment that is free of discrimination, violence, and **bullying**. Hill College works to ensure that all students have the opportunity and support to develop to their fullest potential and share a personal and meaningful bond with people in the school community.

Behavior Targeting Others

Intentionally, knowingly, or negligently causing physical harm to any person or threatening another person, including a student or employee is not permitted. Engaging in conduct that constitutes harassment, sexual assault, dating violence, stalking, or bullying directed toward another person, including a student or employee.

Disorderly Conduct

Conduct which is disorderly, violent, abusive, indecent, profane, boisterous, unreasonably loud or otherwise is a disturbance of the peace on college premises or at college sponsored activities will be confronted by Hill College staff and/or campus safety and may be addressed through student conduct. Engaging in any conduct that the College District officials might reasonably believe will substantially disrupt the College District program, incite violence or cause or provoke a disturbance will be addressed by Hill College staff.

Disruptive Activity

Participation in any activity in or around the campus/center which interferes with teaching, administration, disciplinary proceedings, college mission, processes or functions including public-service function or other college activities will be confronted by Hill College staff and/or campus safety and when appropriate referred to the Dean of Students. Disruptive activity includes obstructing or restraining the passage of persons in an exit, entrance, or hallway of a building without authorization; seizing control of a building; or preventing or attempting to prevent by force or violence or threat of force or violence a lawful assembly.

Fighting and Physical /Verbal Abuse

Physical fighting, attempting or causing injury, and/or violent and forceful behavior at any time such that there is a clear and present danger that free movement of other persons will be impaired is not tolerated in residence halls, on Hill College property, or at Hill College sponsored activities. Disregard for the physical well-being, property, or rights of any person on college-owned property, conduct which threatens or endangers the health, safety, or well-being of any person, will be subject to disciplinary action according to student conduct.

Harassment or Discrimination

Hill College prohibits discrimination, including harassment, against any student on the basis of age, race, color, religion, sex, national origin, disability, genetic information, or veteran status in the administration of its educational programs, activities, or employment policies. Engaging in conduct that constitutes harassment, **bullying**, or dating violence directed toward another person, including a student or employee is prohibited.

For more information on Bullying, you can visit <https://www.stopbullying.gov/>

I, the parent/legal guardian of _____, have discussed the above behaviors with my child and my child understands that this type of behavior will not be tolerated under any circumstance.

I, the parent/legal guardian of _____, acknowledge and fully understand that my child will abide by the rules and regulations set forth by Hill College. If for any reason my child is dismissed from Kids College program for disciplinary reason, I understand that no refund will be given.

Signature of Parent/Legal Guardian

Date

COSMETOLOGY STUDENTS ONLY

Hill College SALON & SPA

RELEASE FORM FOR SERVICES PROVIDED

I, the undersigned, _____

residing at (address) _____

(phone) _____

have been advised and fully understand that the services I am about to receive are performed by students, who are supervised by instructors of Hill College Cosmetology as part of his/her training and not as licensed professionals. Further, I acknowledge that I have been fully informed that my receipt of these services is strictly voluntary. I acknowledge that my participation is my choice and that if I choose to participate, I do so at my own risk. By signing below, I consent to the following receipt of services:

☐ Haircut ☐ Shampoo ☐ Braids ☐ Permanent ☐ Relaxer ☐ Color
☐ Highlights ☐ Manicure ☐ Pedicure ☐ Facial ☐ Artificial Nails
☐ Eyebrow Color ☐ Other: _____

In consideration for the nominal charge for such services, I hereby release and hold harmless Hill College, its governing board, officers, students, graduate students, instructors, agents, representatives, and/or employees of Hill College from any and all claims, demands, indemnifications, liabilities, actions, judgments, expenses (including attorney's fees and costs of defense), and executions arising out of and in anyway connected to the performance of these services, including but not limited to, those that caused by any act, neglect, default, or omission of any person, firm, or corporation, directly or indirectly associated with Hill College.



Signature

Date

CHI PARTNER
SCHOOL
F A R O U K S Y S T E M S I N C .