

KEAN UNIVERSITY
MICHAEL GRAVES COLLEGE
PRECOLLEGE PROGRAM



Program Policies and Guidelines

A. Kean University General Policies and Guidelines

I. Policies

Kean University is committed to providing a campus environment where students can grow intellectually and develop as people. Kean University expects pre-college program Participants to follow its shared values and principles and adhere to its policies that foster these values. Please review the complete list of Kean policies and procedures at <http://www.kean.edu/policies>. Some useful links are also given below:

- Academic Integrity –
<http://www.kean.edu/sites/default/files/u8/AcademicIntegrityPolicy.pdf>
- Code of Conduct - <http://www.kean.edu/policies/Code-of-Conduct>
- Student Code of Conduct & Campus Life - <http://www.kean.edu/policies>

II. Program Cancellation

Kean University reserves the right to cancel or alter certain parts of the program which may include, but may not be limited to, program dates, location and/or duration due to any unforeseen circumstances or for any other reason. Kean University will not be responsible for any costs incurred by the Participants or their parents/guardians in preparation of the program.

III. Transportation

All Participants registered in the Program will be responsible for their own transportation on and off campus unless instructed otherwise in the program specific policies.

IV. Parking

If applicable, all Participants must register their vehicles and receive a Parking Decal in order to park in Kean University Parking Lots. Parking Decals are issued at no cost. Decals must be displayed properly on the driver's side of the rear windshield. All vehicles parked on campus property must be registered with Kean University. The issuance of a Parking Decal does not guarantee a parking space. Any person who has a handicap license plate or placard must still register their vehicle with Kean University and display a Parking Decal. For further information please visit the website at: <http://www.kean.edu/parking>

V. Participant Dismissal

Kean University, in its sole discretion has the right to dismiss any Participant from the program who the University deems has not adhered to the policies of the University, and who constitutes a threat to the health or safety of the Kean community or to the successful operation of the pre-college program.

VI. Health Insurance

All Participants are required to have medical insurance for the duration of the pre-college program that they are enrolled in. The Participants are required to submit proof of coverage before the start of the program. Participants and parents/guardians will be responsible for all costs associated to medical care or treatment of the Participant including any emergency care provided to the Participant on campus.

VII. Illness and Treatment of Minors

If a Participant is ill the day of the program, it is suggested that the Participant remains home. In the event the Participant becomes ill or injured during the program, the parent/guardian of the Participant shall be contacted to take the Participant to a physician by the Director or an appointed representative of the program. If the program staff are unable to reach the parent/guardian of the Participant, the Participant will be transported to the nearest hospital emergency room by ambulance. Program staff will only provide emergency services, until such time as the Participant is safely transported to the hospital. A Medical Information Records Form must be completed and returned to the program staff before the start of the program. Please contact the program representative for any further information.

VIII. Completing Health Forms and other Paperwork

Participants and/or parents/guardians shall be provided with important forms that must be completed and submitted before the start of the program. Participants will not be able to participate in the program without submitting these forms. Please contact the representative of your program if you have not received these forms.

B. Program Specific Requirements – Michael Graves College Precollege Program: Design Camp

I. Program Fees and Requirements

A deposit of \$300.00 must be submitted along with the registration by **June 23, 2017** to secure a placement in the MGC Precollege Program: Design Camp. The deposit fee shall be counted as an initial payment towards the total tuition fee of \$950.00. The remaining tuition of \$650.00 must be paid in full prior to the start of the Program (**July 10, 2017**). Payment and registration should be made through Kean University's website at keanevents.afford.com/PayNow?StoreId=1199.

II. Refund

The full tuition fee, will be refunded if a Participant withdraws his/her application before **June 26, 2017**. No fee will be refunded if withdrawals are made after **June 26, 2017**. No refunds will be made if a student is dismissed or leaves the Program before its end date.

III. Admission Policy and Deadline

Applications and other requirements for the Program must be submitted on or before **June 23, 2017**. Students who submit their application after the due date will not be guaranteed a spot.

IV. What to bring

If possible, Participants are encouraged to bring their own laptop computers. Although not required, Participants are advised to install Creative Cloud software (which includes Photoshop, Illustrator, InDesign, etc. in one package) in the laptops that Participants bring with them. While digital cameras will be supplied, Participants are encouraged to bring their own digital cameras or smart phones for various design projects.

V. What to Wear

Participants should wear comfortable, casual clothing and shoes.

VI. Materials provided by Kean

Participants will be provided drawing, design and construction tools for use at the Program. Computer labs and printers are also available for Participants.

VII. Transportation, Pick Up and Drop Off

Participants are responsible for their own transportation to and from the Green Lane Building on Kean University campus. Participant are expected to report by 9:30 am and leave by 3:15 pm. Robert Busch School of Design shall provide transportation for field trips during the Program.

VIII. Attendance

Program staff should be notified through phone at 908-737-4740 or email to design@kean.edu in advance if a Participant is unable to attend Program due to an illness or any other reason.

IX. Documents to Submit

Following is a list of documents that must be completed and submitted before the start of the Program:

- Waiver of Liability and Permission Form
- Student Medical Information Record
- Health Insurance Certificate
- Health Permission Slip and Waiver
- Parent Consent for Child to Leave

X. Program Contact

For questions or information please contact the Robert Busch School of Design at 908-737-4740 or design@kean.edu. Additional information about the MGC Precpplege Program: Design Camp is also available at at <http://www.kean.edu/content/summer-pre-college-programs-0> and <http://design.kean.edu/designcamp>.

**Pre-College Program
Health Permission Slip and Waiver**

Kean University does not administer medication to any participant. If a participant must self-administer prescription medication during the Program, this form must be completed by both a licensed health care provider and a parent/guardian to authorize self-medication by the Participant.

Participant Name: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication (All medications must be in the original container appropriately labeled, medication in plastic bags or envelopes shall not be accepted):

Dose: _____ Route: _____ Frequency: _____

Side Effects: _____

Date Medication Begins: _____ Date Medication Ends: _____

Health Care Provider

I certify that the above Participant requires medication listed above and is permitted to self-administer the listed medication. The Participant has been instructed in the proper techniques of self-administration and has demonstrated to me competence in this technique.

Name of health Care Provider: _____

Signature and Date: _____

Parent / Guardian

I authorize my child to self-administrator the listed medication. This permission includes self-administration of the listed medication during the Program and at times when the Participant is participating in a Program related activity. I understand that Kean University, State of New Jersey, the Kean University Foundation and any related parties (collectively, "Kean") shall not be liable for any injury arising from the self-administration of the listed medication. I further agree to hold Kean harmless from all loss, liability, damages, costs and expenses (including actual attorney's fees) arising from or related to same. This Waiver is binding on my heirs, spouse, guardians, executors, administrators or assigns.

Name of Parent/Guardian: _____

Signature and Date: _____



Student Medical Information Record

Parents or guardian, please fill out the following information:

GENERAL INFORMATION

Student's Last Name:	Student's First Name:	Date of Birth:	
Name of Parent/ Legal Guardian:			
Address:	City:	State:	Zip Code:
Home Phone:	Cell Phone:		
Work Place:	Work Phone:		

HEALTH INFORMATION

Does your child have any allergies?

YES NO

If YES, please list all allergies to medications, food, or environmental:

Does your child take any medications?

YES NO

If the answer to the question above was YES, what medications?

Does your child have any medical conditions?

YES NO

If the answer to the question above was YES, what conditions?

EMERGENCY CONTACT LIST

Please print the name and phone number of additional contacts in case you are not available.

1.	Name of Other Parent/ Legal Guardian:	Phone Number :	Relation to Student:
2.	Second Contact Person:	Phone Number:	Relation to Student:

CONSENT FOR TREATMENT AND CARE

I give my consent to Kean University Health Services to administer first aid measures, deemed necessary, in the care of my son or daughter. In the event of an emergency, I authorize Kean University Health Services and its staff to arrange transportation for my son or daughter to the nearest hospital emergency room, if necessary. I understand I am financially responsible for any medical expenses incurred. I release Kean University Health Services of any and all liabilities for the care given to my son or daughter.

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE



STATEMENT OF HEALTH

This section is to be filled out by the student’s Health Care Provider.

Please list the dates that each vaccine was administered:

- | | | | |
|-------------|----|----|----|
| MMR | 1. | 2. | |
| Hepatitis B | 1. | 2. | 3. |

Meningitis (within the past 5 years):

Date of last Tdap:

Tetanus:

Please initial one of the following:

_____ This student is free from communicable disease and is medically cleared to participate in the program and reside on campus with no restrictions or limitations.

OR

_____ The student is free from communicable disease and is medically cleared to participate in the program and reside on campus with the following RESTRICTIONS or LIMITATIONS:

OR

_____ The student is not medically cleared to participate in the program or reside on campus.

Health Care Provider Signature

Date

Health Care Provider Stamp:

Parent Consent for Child to Leave

I authorize and give consent to Kean University to release my child, _____, from the Program without parental/guardian supervision. I understand that once my child leaves the supervision of the MGC Precollege Program: Design Camp staff, my child is considered my responsibility and no longer the responsibility of Kean University staff.

I understand the risk associated with allowing my child to be released unattended and agree, individually and on behalf of my child, that neither Kean University, the Kean University Foundation, and any of its trustee, director, officer, agent, employee, member, volunteer, or any other representative of Kean University, nor any of their respective successors or assigns (collectively, "Kean"), shall be liable for any loss, damage, injury (including death), or claim of any kind to person or property arising from or caused by my decision to allow my child to leave alone at the end of the Program. I, individually and on behalf of my child, further agree to indemnify, defend, and hold harmless Kean from all loss, liability, damages, costs, and expenses (including actual attorney's fees) arising from or related to same. This release and waiver is binding on my heirs, spouse, guardians, executors, administrators or assigns.

This consent will remain in effect for the existing Program season and I agree that I will notify Kean University in writing if I choose to revoke this authorization.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____