



Parent/Guardian Notification and Consent

Please Choose One:

MT 30: Introduction to Maritime Technology

I am aware that my child is participating in the Kingsborough College Now *Career Exploration Coastal Piloting* Program at Kingsborough Community College located at 2001 Oriental Blvd. Brooklyn, NY from July 9th through August 3rd 2018 from 9:00 a.m. to 1:00 p.m. I am aware that my child will participate in a 3-credit course, MT 30: Introduction to Maritime Technology, without tuition and book costs and will spend time on a research vessel learning and be piloting vessels performing experiments, and go on field trips. Students will be supervised on all field trips. MetroCard provided free of charge, as well as lunch stipends.

HE 42: Health and Nutrition

I am aware that my child is participating in the Kingsborough College Now Health and Nutrition Program at Kingsborough Community College located at 2001 Oriental Blvd. Brooklyn, NY from July 9th through August 3rd 2018 from 9:00 a.m. to 4:00 p.m. I am aware that my child will participate in a 3-credit course, HE 42: Health and Nutrition, students analyze the research linking foods, nutrients, phytochemicals, supplements, and herbs to the leading causes of death in the United States. Students will design an optimal nutritional plan for lifelong wellness. The class will be using the KCC Urban Farm as a living lab to study nutritional topics in a hands-on environment. MetroCard provided free of charge, as well as lunch stipends.

Parent/Guardian Acknowledgement

I acknowledge and consent to the below named student's participation in this program. I understand that he/she may have to travel to and from the college and various field trip sites by various forms of transportation. I understand that there may be risks involved in my child's departure from his/her home, school or college without adult supervision, and I assume those risks on behalf of my child and myself.

Print Name of Student _____ High School

Signature of Parent/Guardian _____ Date

Print name of Parent/Guardian _____ Date

Mailing Address (Street) Borough State Zip

Home phone # Cell phone # Email Address

Name of Emergency Contact Emergency contact phone #

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