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OAKTON YOUTH STEM OVERVIEW
More than just fun and games, our programs provide engaging learning opportunities while connecting youth to a college campus. Our learning opportunities are designed for youth ages 8-14. The STEM programs at Oakton Community College are offered by Alliance for Lifelong Learning in collaboration with the Center for Promoting STEM.

PROGRAM STRUCTURE
The Youth STEM program at Oakton Community College offers a variety of options throughout the year. Week-long courses are offered throughout the summer and Saturday only courses are offered in the Fall and Spring.

AGE CONSIDERATION
The age recommendations for courses can be flexible in some cases. If the age of your child is just under or above the suggested age, please contact us at sratiff@oakton.edu for special consideration.

SNACKS
Students must bring their own snacks. There will be a break for students to partake in a snack.

TUITION AND FEES
Prices may vary by course, but in addition to tuition cost, each registration form must include an $8 registration fee.

HOW TO REGISTER
1. Review program descriptions on pages 4-5
2. Fill out and mail the registration form (p 5-6), activity agreement form (p 7), and photo release form (p 8), and payment to:

   Oakton Community College  
   Alliance for Lifelong Learning  
   7701 N. Lincoln Ave, Skokie IL 60077  
   Attn: Regi Ratliff

*Please submit a separate registration packet for each youth.
OAKTON YOUTH STEM PROGRAM DESCRIPTIONS

ROBOTICS FOR GIRLS I Fee: $50
Calling all girls (ages 8-13) for this special two-session workshop. Work in teams to build amazing machines, have a blast exploring automation and robotic technology, and take your math and science skills to a new level! This course is for girls only.
KID S01-01, OC/DP, 2 Sat., 2/20, 9 a.m.-12 p.m. CRN 41365

ROBOTICS FOR GIRLS II Fee: $50
KID S02-01, OC/DP, 2 Sat., 3/5, 9 a.m.-12 p.m. CRN 41366

YOUTH ROBOTICS WITH A SCIENCE TWIST (FOR AGES 8-13) Fee: $50
Extend the robotics experience beyond programming and engineering, to the wonderful world of science. Students will explore and monitor various experiments through the use of thermal probe sensors.
KID S03-01, OC/DP, 2 Sat., 3/19, 9 a.m.-12 p.m. CRN 41367
<table>
<thead>
<tr>
<th>Activity</th>
<th>Dates</th>
<th>Time</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robotics For Girls I, Ages 8-13, KID S01 01</td>
<td>2/20 &amp; 2/27</td>
<td>9am – 12pm</td>
<td>$50</td>
</tr>
<tr>
<td>Robotics For Girls II, Ages 8-13, KID S02 01</td>
<td>3/5 &amp; 3/12</td>
<td>9am – 12pm</td>
<td>$50</td>
</tr>
<tr>
<td>Youth Robotics With a Science Twist, Ages 8-13, KID S03 01</td>
<td>3/19 &amp; 3/26</td>
<td>9am – 12pm</td>
<td>$50</td>
</tr>
</tbody>
</table>

TOTAL TUITION (Plus $8 Registration Fee)  __________
OAKTON YOUTH STEM REGISTRATION FORM (Page 2)

STUDENT AND PARENT INFORMATION

Student Name: ___________________________ Student Birth Date: ___________________________

Parent Name: ___________________________ Parent Birth Date: ___________________________

Home Address: ________________________________________________________________

State: ___________________________ Zip: ___________________________ City: ___________________________

Emergency Phone Number: ___________________________ Email Address: ___________________________

DEMOGRAPHIC INFORMATION OF STUDENT (This information is requested solely to comply with Federal Laws)

Are you Hispanic or Latino? (OR Are you of Spanish origin?)
☐ Yes Hispanic or Latino. ☐ Not Hispanic or Latino.

Are you from one or more of the following racial groups? (Select all that apply).
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Choose Not to Respond

Please identify your primary racial/ethnic group. (Select one).
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Choose Not to Respond

Are you in the United States on a Visa – Nonresident Alien?

METHOD OF PAYMENT

☐ Cash ☐ Check (payable to Oakton Community College) Check No. Send checks (payable to Oakton Community College) to Alliance for Lifelong Learning, P.O. Box 367, Skokie, IL 60077.

☐ Credit Card For credit card payment only, check one: ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Number: ___________________________ Exp. Date: ___________________________

3-Digit Verification Code (on back of card) ___________________________

Signature ___________________________ Date ___________________________
OAKTON YOUTH STEM ACTIVITY AGREEMENT FORM

I, ________________________________, as parent or legal guardian

of ______________________________ do hereby expressly authorize them to participate in

__________________________________________ on ____________________________.

Course Codes (e.g., KIDU02 032, KIDU03,031)     Date Range (e.g., 6/8-6/11)

The undersigned affirmatively states that participant is in good health and is under no medical restriction which
would inhibit participation in said activity.

The undersigned agrees to forever waive and relinquish all claims participant or the undersigned might have as a
result of a participant’s participation in the activity. The undersigned further agrees to forever release and
discharge the college, its officers, agents, trustees, and employees against and an all claims for losses, damages,
judgments, claims, expenses costs and liabilities which the undersigned or participant may have as a result of
participant’s participation in the activity.

The undersigned recognizes and acknowledges that there are inherent risks in the participation of the above-
referenced activity which may result in serious bodily injury or death. In consideration of said participation, the
undersigned agrees to hold harmless and indemnify the College, its officers, agents, trustees and employees
against any losses, damages, judgments, claims, expenses, costs and liabilities imposed upon or incurred by or
asserted against the College, its officers, agents, trustees and employees including reasonable attorney fees and
expenses, caused by, arising from, incidental to, connected with or growing out of such participation.

During the course of the activity, in case of medical emergency, the undersigned hereby authorizes any local
hospital, doctor, or other licensed medical practitioner, as well as emergency treatment personnel, to take
whatever action necessary to address the medical emergency. If the undersigned is present during the activity, the
undersigned shall retain the right to make all medically-related decisions regarding participant.

The undersigned certifies that the participant has health insurance coverage and the undersigned agrees that in
the event medical treatment is rendered, said insurance shall be considered primary.

If any provision of the agreement or part thereof is ruled unenforceable by a court of competent jurisdiction, the
remainder of the agreement shall be in full force and effect.

I have read the above and understand it. I enter into this agreement as my free and voluntary act.

Date: ________________ Parent/Guardian Signature: ______________________________

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PHOTO/VIDEO RELEASE FORM

Oakton would like to use the likeness of participants in the youth program for future marketing of youth programs ONLY. Please sign below if you are willing to grant permission for photos and video to be taken of your child/youth participant for this purpose.

I have read and understand the above:

Child/Youth Name

Parent/Guardian Signature