



# KID'S COLLEGE

SERIOUS SUMMER FUN!

Welcome to Kid's College 2026

## IMPORTANT INFORMATION

Thank you for enrolling your child in the 2026 **El Camino College Kid's College program** brought to you by the **El Camino College Community and Continuing Education** department. The mission of the El Camino College Kid's College program is to inspire in kids a sense of wonder and imagination for lifelong learning.

The purpose of this packet is to welcome you, provide you with essential information about Kid's College and to submit to you the Parent/Guardian Authorization, Assumption or Risk, Emergency Medical Authorization, and Acknowledgement Agreement that you are required to complete, sign, and return to us prior to the commencement of your child's participation in the Kid's College program.

**⚠️ REQUIRED: Complete and sign pages 4-9 of this packet and return to [CommEd@elcamino.edu](mailto:CommEd@elcamino.edu)**

Where do I go? Where do I drop off and pick up my kid every day?

At the Kid's College Drop-off/Pick-up location located off of Crenshaw and Redondo Beach Blvd (see map). Look for the Kid's College signs! Kid's College staff and instructors will be at the location to welcome and walk your grades 3-8 child to and from class each day. Grades 3-8 kids must be signed in and signed out each day by a parent or guardian. Kids in grades 9-12, on the first day of the start of each new one-week class are to be dropped off and picked up at the Kid's College Drop-off/Pick-up location where they will be escorted by their instructor to their classroom. After the first day, they may walk themselves to and from their classroom. Kid's College staff at the Drop-off/Pick-up location will be available to guide them to their room if needed after the first day of class.

What if I want to drop off/pick up my kid earlier or later than the designated class time?

The drop-off/pick-up location opens 15 minutes before each class begins and closes 15 minutes after each class ends. The drop-off opens at 8:45am and the afternoon pick-up closes promptly at 4:15pm. Important Notice: After 4:15pm, for the safety of your child, our staff will escort the kids to be watched by Campus Police located on the corner of Redondo Beach and Crenshaw Blvd. in parking Lot K. To contact Campus Police, call 310-660-3100.

Will there be supervision of the kids during lunch, 12:00pm- 1:00pm?

Yes, for grades 3-8! Lunch supervision will be provided for kids grades 3-8 enrolled full day between 12:00pm-1:00pm at the Kid's College lounge. For Kids in grades 9-12, please enjoy your lunch at the picnic tables adjacent to the Social Science building, staff will be nearby and will frequently monitor the area.

How do I identify Kid's College staff and instructors?

You can't miss us! Staff will be the friendly folks wearing blue El Camino College Kid's College T-shirts with "STAFF" printed on them. Instructors and staff will be wearing El Camino College Kid's College ID badges.

Are snacks and lunches provided by Kid's College?

No. Students are required to bring their own beverages, snacks and lunches. Refrigeration is not available.

What are the office hours for the Kid's College Office?

Monday-Friday 9:00am- 4:00pm. Closed weekends and holidays: Friday, June 19th (Juneteenth Day Holiday), Thursday & Friday, July 2 & 3 (Independence Day Holiday). Summer Fridays: June 26, July 10,17,24, 31.

## CAMPUS MAP

Kid's College Drop-off/Pick-up area is marked by blue star and arrow. Our office is inside the Social Science building, room# 101 (SOCS 101)



**You're almost there!** Please review all of the information above before moving on. The next pages (4–9) contain the required Parent/Guardian Authorization, Risk Acknowledgement, Medical Information, and Signature forms. Complete, sign, and return pages 4–9 only to [CommEd@elcamino.edu](mailto:CommEd@elcamino.edu) before your child's first day.



**Parent/Guardian Authorization, Assumption or Risk, Emergency Medical Authorization, and Acknowledgement Agreement.**

**⚠ PARENT/GUARDIAN ACTION REQUIRED — READ, COMPLETE, & SIGN PAGES 4–9**

**El Camino Community College District Kids College**

**Student Information**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program/Course Name(s): \_\_\_\_\_

Program Dates: \_\_\_\_\_

**Emergency Contact Information**

**Primary Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Secondary Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical Information**

Please check all that apply:

- Asthma
- Diabetes
- Seizure Disorder
- Cardiac Condition
- Severe Allergies

- Autism Spectrum Disorder
- Mobility Limitation
- Behavioral/Emotional Support Needs
- Other: \_\_\_\_\_

Current Medications:

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Known Allergies (indicate if your child carries an epi-pen):

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Treating Physician:

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Physician Phone:

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Medical Insurance Carrier:

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Policy Number:

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## Accessibility and Accommodations Request

El Camino Community College District is committed to providing equitable access to all students, staff, and community members while on campus. Reasonable accommodations will be provided to qualified participants with disabilities, medical conditions, or other access and functional needs in accordance with applicable federal and state laws, including the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act.

Parents and guardians are encouraged to notify Kid's College staff of any disability, medical condition, mobility limitation, communication need, behavioral support need, sensory accommodation, dietary restriction, or other accommodation request that may affect their child's participation or require assistance during routine activities or emergency situations.

Please identify any requested accommodations:

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Please indicate whether your child may require assistance during an emergency situation, including evacuation, shelter-in-place, lockdown, reunification, medical emergencies, or aquatic activities:

- No assistance required
- Assistance may be required (please describe):

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I understand that El Camino Community College District will make reasonable efforts to provide accommodations consistent with applicable laws, program requirements, participant safety, and available resources.

**Parent/Guardian Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Authorization for Participation

I hereby authorize my child to participate in the El Camino College Kid's College program and all approved educational, recreational, laboratory, campus, and aquatic activities associated with the program.

I acknowledge that participation in Kid's College is voluntary.

I understand that my child is expected to comply with all program rules, safety procedures, staff directions, and campus regulations.

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## Acknowledgement of Risk

I understand and acknowledge that participation in educational, recreational, laboratory, campus, and aquatic activities involves inherent risks that cannot be completely eliminated regardless of the care exercised by El Camino Community College District.

Such risks may include, but are not limited to:

- Slips, trips, and falls
- Physical exertion injuries
- Sprains and fractures
- Head injuries
- Exposure to communicable diseases
- Allergic reactions
- Environmental hazards
- Transportation-related injuries
- Aquatic injuries
- Drowning or near-drowning
- Spinal injuries
- Medical emergencies
- Acts of other participants
- Emergency response delays
- Serious bodily injury
- Permanent disability
- Death

I understand that this list is not exhaustive and that unforeseen risks may exist.

I voluntarily assume all risks associated with participation.

The undersigned agrees to defend, indemnify and hold harmless the El Camino College Community College District, its Board of Trustees, officers, agents, employees, and volunteers, individually and collectively, from and against all costs, expenses, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought, or recovered against any of the above that may arise for any reason from or during or be allege to be caused by the undersigned's participation in the El Camino College Community & Continuing Education and Professional Development Program.

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## **Aquatic Authorization**

I understand that certain Kid's College activities may involve swimming pools or aquatic environments.

I acknowledge that aquatic activities involve additional inherent risks including:

- Drowning
- Near drowning
- Slip and fall injuries
- Head injuries
- Spinal injuries
- Seizures occurring in water
- Cardiac emergencies
- Environmental exposure
- Injuries resulting from participation in aquatic activities

I authorize my child to participate in approved aquatic activities.

Yes

No

My child's swimming ability is:

Non-swimmer

Beginner

Intermediate

Strong swimmer

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## **Emergency Medical Authorization**

I understand Community & Continuing Education does not provide health or medical insurance for participants.

In the event of illness, injury, or emergency involving my child, I authorize El Camino Community College District employees, agents, contractors, emergency responders, and medical personnel to:

- Provide emergency first aid;
- Contact emergency medical services;
- Transport my child to the nearest emergency room by ambulance or helicopter for emergency treatment;
- Release all records necessary for insurance purposes so that my insurance company can be billed for the visit, lab tests and/or x-rays if necessary;
- Obtain emergency medical, surgical, x-ray, hospital, anesthesia, dental, diagnostic, or other treatment deemed necessary by paramedics and/or licensed medical personnel.

I understand that reasonable efforts will be made to contact me or my designated emergency contacts.

I understand that I am financially responsible for all medical expenses incurred.

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## Emergency Procedures Acknowledgement

I understand that the El Camino Community College District maintains emergency procedures consistent with applicable emergency management requirements.

I understand that emergency protective actions may include:

- Evacuation;
- Shelter-in-place;
- Lockdown/Deny Entry;
- Emergency relocation;
- Medical isolation;
- Campus closure.

I agree to comply with all emergency instructions issued by District personnel.

I understand that during emergencies I may be required to participate in established reunification procedures before my child is released.

### District Emergency Notification System (RAVE)

The El Camino Community College District utilizes the Rave Emergency Notification System as its official emergency notification platform.

Emergency notifications may include campus evacuations, shelter-in-place orders, lockdowns, active assailant incidents, fire emergencies, hazardous materials incidents, medical emergencies, utility failures, campus closures, and parent-student reunification instructions.

Parents and guardians of Kid's College participants are strongly encouraged to enroll in the District's Rave Emergency Notification System prior to participation.

To enroll, text: ECCPD to 226787 (CAMPUS).

Please select one:

- I have enrolled in the Rave Emergency Notification System.
- I intend to enroll in the Rave Emergency Notification System.
- I decline enrollment and understand I may not receive emergency notifications distributed through this system.

**Parent/Guardian Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Authorized Pickup Information

The following individuals are authorized to pick up my child:

Name	Relationship	Phone

Government-issued identification may be required.

## Photo/Media Release

I authorize the use of my child's photograph, image, voice, or likeness by El Camino Community College District for educational, promotional, or informational purposes.

Yes

No

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### Parent/Guardian Certification

I certify that:

- I have read and understand this document.
- I have had the opportunity to ask questions.
- The information I provided is true and complete.
- I understand the risks associated with participation.
- I voluntarily authorize my child's participation.
- I voluntarily assume the risks associated with participation.
- I agree to comply with all program requirements and emergency procedures.

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**Student Name:**

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**Parent/Guardian Name:**

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 **Parent/Guardian Signature (required):**

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**Date:**

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**Relationship to Student:**