

# PRECOLLEGE SUMMER EXPERIENCE REGISTRATION

July 9 - 29, 2017

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name / Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_ Social Security # (required) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address (must be one checked regularly) \_\_\_\_\_

Texting OK? Yes No Gender:  Female  Male  Prefer not to answer (required for resident students)

## Education

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Art Teacher \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

By July 1, 2016 I will have completed my (choose one) year of high school:  Freshman  Sophomore  Junior  Senior

## Parent/Guardian Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Medical Information

Please describe any medical conditions or disabilities the student may have. Include regular medication required/prescribed and medical diagnosis. (Please note that the student will be solely responsible for self-administering medications while attending the program.) \_\_\_\_\_

## Arrival/Departure

Will you need assistance from the point of arrival in Detroit, to and from the CCS campus?

Yes  No

Students who must arrive prior to the official 'Move In' date or leave after the official 'Move Out' date will be charged an additional \$100 per day.

**Submit travel itinerary information for your arrival and departure to [pcs@collegeforcreativestudies.edu](mailto:pcs@collegeforcreativestudies.edu) NO LATER THAN June 1, 2017.** Courtesy pick up may not be available for travel itineraries submitted after this date. Students should be prepared to hire a taxi cab if necessary (approx. \$50 one way from airport to campus).

## Send all registration materials to:

College for Creative Studies,  
Precollege and Continuing Studies 201 East Kirby, Detroit, MI 48202

Or

[pcs@collegeforcreativestudies.edu](mailto:pcs@collegeforcreativestudies.edu)

# PRECOLLEGE SUMMER EXPERIENCE

## Enrollment Options

A commitment fee must accompany all registrations and will be applied toward payment of your total tuition.

### Resident

Includes room and board, most required art materials, full-meal plan, on and off-site activities, studio time

### Commuter

Includes most required art materials, lunch (Monday-Friday) and dinner (Monday-Friday), on and off-site activities, studio time

Choose One Concentration:

Transportation Design

2D and Hand-Drawn Animation

Graphic Design and Advertising

Game Art and 3D Character Modeling

Drawing

Illustration

Digital Photography and Photoshop

Product Design

Fashion Accessories Design

## Payment Information

A \$250 commitment fee in the form of a check, money order or credit card must accompany this registration form and will be applied toward payment of your total tuition. Partial payments can be made at any time but the total tuition is due no later than June 1, 2016.

Please attach a check payable to **College for Creative Studies** or charge my credit card:

Visa   MasterCard   American Express   Discover

**By signing this I agree to pay the following amount:** \$ \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

### Refunds

100% through May 15, 2017.

100% minus \$250 May 16 — 31, 2017.

0% after June 1, 2017.

## Student Responsibility

CCS's Precollege program is designed for independent young people who will take initiative both in and outside the classroom. If parents and their children are seeking a somewhat sheltered environment, they should consider this program carefully before applying.

In signing here I certify that all information and declarations above are true and I agree to comply with all CCS and CCS PCS policies and procedures.

Student's Signature \_\_\_\_\_ Parent's Signature \_\_\_\_\_