

Kids' College Instructor Form

Please fill out a separate form for each class being proposed. See additional Proposal Memo for more information.

For help contact Continuing Education & Community Events at (208) 792-2447 or kidscollege@lcmail.lcsc.edu

Instructor Form Deadline: February 28, 2009

Course Information						
Semester:	Summer	Year:	2009	2010	2011	2012
Class Title:	(Example: Beginning Basket Weaving)					
Location:	<input type="checkbox"/> LCSC Campus	<input type="checkbox"/> Other:				(Example: Lewiston High School)

Please choose desired session(s) and class time(s) from the following chart:

Session	Morning		Afternoon	
Session I (Mon-Thurs) June 22-25	8:30am-10:15am <input type="checkbox"/>	10:30am-12:15pm <input type="checkbox"/>	1:15pm-3:00pm <input type="checkbox"/>	3:15pm-5:00pm <input type="checkbox"/>
Session II (Mon-Thurs) July 6-9	8:30am-10:15am <input type="checkbox"/>	10:30am-12:15pm <input type="checkbox"/>	1:15pm-3:00pm <input type="checkbox"/>	3:15pm-5:00pm <input type="checkbox"/>
Session III (Mon-Thurs) July 20-23	8:30am-10:15am <input type="checkbox"/>	10:30am-12:15pm <input type="checkbox"/>	1:15pm-3:00pm <input type="checkbox"/>	3:15pm-5:00pm <input type="checkbox"/>
Session IV (Mon-Thurs) August 3-6	8:30am-10:15am <input type="checkbox"/>	10:30am-12:15pm <input type="checkbox"/>	1:15pm-3:00pm <input type="checkbox"/>	3:15pm-5:00pm <input type="checkbox"/>
Half Day Camp	Morning		Afternoon	
Session I (Mon-Thurs) June 22-25	8:00am-12:00pm <input type="checkbox"/>		1:00pm-5:00pm <input type="checkbox"/>	
Session II (Mon-Thurs) July 6-9	8:00am-12:00pm <input type="checkbox"/>		1:00pm-5:00pm <input type="checkbox"/>	
Session III (Mon-Thurs) July 20-23	8:00am-12:00pm <input type="checkbox"/>		1:00pm-5:00pm <input type="checkbox"/>	
Session IV (Mon-Thurs) August 3-6	8:00am-12:00pm <input type="checkbox"/>		1:00pm-5:00pm <input type="checkbox"/>	

Please select ages allowed to register for this class:

6-8 years <input type="checkbox"/>	8-9 years <input type="checkbox"/>	9-10 years <input type="checkbox"/>	10-11 years <input type="checkbox"/>	11-12 years <input type="checkbox"/>
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I would like to be assigned a student volunteer/teacher's aide: Yes No

Course Fees:

Misc. Fee \$	Please Describe:	(Example: Supplies, Equipment Rental, etc.)
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Are there any special skills or a level of experience suggested/required for this class?

Kids' College Catalog Course Description **Use Previous** (if within the last year)
(We reserve the right to edit.)

TEACHING FOR OTHER LC VALLEY ORGANIZATIONS

I understand that I am free to teach for other LC Valley organizations (I.E., YWCA, Parks and Recreation, etc.), and I agree to not offer the same class while I am teaching for a given Kids' College session.

Instructor Profile

Instructor's Name:

Address:

City:

State: Zip Code:

May we give your phone/email to parents of prospective students? Yes No

Email:

Phone: Secondary Phone:

Instructor Biography for Catalog and References

Instructor Bio **Use Previous** (if within the last year)
Please describe your qualifications the way you want it to appear in our publications. (We reserve the right to edit for length or format.)

Handouts & Photocopies

No Handouts

Number of Handouts	at \$	per student for the handout
<input type="checkbox"/>	I will supply photocopies at \$ per person.	
<input type="checkbox"/>	Continuing Ed will make copies at 5 cents per page (Instructor must provide the materials 10 days prior to class start date).	

Transportation

No Transportation

<input type="checkbox"/>	I need transportation for the following days/dates:
<input type="checkbox"/>	I agree to take the 15-passenger van driving test
Additional Comments:	

Miscellaneous

Please list or clarify any information not covered by options on the form:

Background Check Permission

I have not previously had a criminal background check. You have my consent to consent to conduct a criminal background check. (A separate authorization form will be provided to you.)

Yes No

I have previously had a criminal background check. You have my permission to contact my employer to verify that I have passed a criminal background screening. **Please provide your supervisor's name, e-mail address, and phone number in the box below.**

Yes No

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I confirm this form is complete with all information necessary for my class.