

Community Education Department ~ Enrollment/Registration Form - Please drop by in person, fax, or mail to:
Huntington Beach Adult School ~ Marina Campus / HB Union High School District
15871 Springdale St., Huntington Beach, CA 92649 ~ **Attn: Lynn Bergman, (714) 901-8106, x4405 ~ fx(714) 373-5245**

PLEASE COMPLETE CAREFULLY – THIS WILL ALSO BE USED AS STUDENT EMERGENCY CARD!

Student is registering for APA Kids & APA Jr., (HBHS) 7/12 – 7/23/10.

See second page for payment →

Student Name _____ Male Female
Last First M.I.

Street _____ City _____ State CA Zip _____

School (2009-10) _____ Grade Level (2010-11) _____ Birth Date ____ / ____ / ____
Mo Day Yr

Mother _____ Home Phone _____ Cell _____
Last First M.I.
Work Phone _____

Mother's Email: _____ ←Please check email regularly or do not provide an address.

Father _____ Home Phone _____ Cell _____
Last First M.I.
Work Phone _____

Father's Email: _____ ←Please check email regularly or do not provide an address.

These are the person(s) to call if I (or parents) cannot be reached:

Name _____ Relationship _____ Phone(s) _____

Name _____ Relationship _____ Phone(s) _____

My child/student has permission to walk home each day: Yes No

These are the people who have permission to pick up my child/student in the event that I cannot do so:

Name _____ Relationship _____ Phone(s) _____

Name _____ Relationship _____ Phone(s) _____

Doctor's Name _____ **Phone(s)** _____

Please List all medical problems or needs that we should be aware of including allergies to specific foods or medications: _____

Policies

(1) A responsible adult must see that the student gets to the classroom no sooner than 15 minutes before class. (2) REFUND POLICY: There are no refunds unless the program is canceled. (3) The parent or a responsible adult must pick up the student no later than 15 minutes after class or parents will be charged \$25 for each 15 minutes, and after 30 minutes, the HB Police will be called for custody. (4) Attendance is of prime importance in student performance. Students must please plan on attending all days. In the event that a student needs to miss a day, parents must please call the APA Staff to report every absence **(714) 536-2514, x4458** (Carrie) in a timely manner. (5) Students must abide by all rules and standards of conduct established by the instructor(s) and assistants(s) for this class. No refunds will be made in cases of student removal due to inappropriate or uncooperative behavior or undue absenteeism.

Releases & Medical Consent

I grant approval for my student (name) _____ to participate in the above class/program. As stated in California Education Code Section 35330, I understand that I hold HB Union High School District/HBAdult School and any instructors and assistants harmless from any and all liability or claims that may arise out of or in connection with my student's participation in this activity. Consent is hereby given to HBUHSD/HBAS Community Education instructors, supervisors, and/or assistants to seek or give medical aid as required. In case of emergency, illness, or injury, I consent to medical care including but not limited to x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care as considered necessary in the best judgment of the attending physician. I understand that my students photograph may be taken while my student is participating in the class/program or related activities, and I give my consent for photos to be used in promotional materials or media releases.

I certify that I have read and understood the above policies; I give my release and consent to the above:

Parent/Guardian Name (please print): _____

See back for payment info →

Parent/Guardian Signature: _____ Date _____ [Rvvd 4/22/10]

HB Adult School/ Community Education Department (fee-based classes)

APA Kids / APA Jr. ~ 2010 Summer

Please check the payment & category and pay for only one student using this form:

Student Name: _____ **Name of Parent Paying:** _____

Fees/Refund Policy: *Fees are non-refundable. In the event the program is canceled, all fees will be fully refunded.*

Fee: \$250 **Sibling Fee: \$200**
(If Sibling Fee, give sibling's name: _____)

After 6/4/10, all enrollees \$275

Extended Morning Option: \$35 (8:00-8:45a)

Method of Payment: *Please make checks payable to "HBAS," and include your phone number on your check. A fee of \$25 will be charged for checks returned for insufficient funds.*

Total Amount \$ _____ *(Did you include Extended a.m.?)*

Check – Check # _____ **Cash**

Credit Card, please select one: **Visa** **Master Card**

Credit Card # _____ **Exp. Date** _____

Security code # on back of card (last 3 digits):

Signature (as printed on the card) _____

Parent or Guardian Signature

I understand that my fee payment is non-refundable unless the program is canceled, in which case it will be fully refunded. I am the legal guardian of the child named on this application and give my full permission for his/her participation. I affirm that the information I have provided is accurate to the best of my ability. I agree that my child (and I) will abide by the guidelines and expectations of the program expressed herein or by the teacher(s) in the classes.

Parent or Guardian Signature

Date

[Rvsd 4/22/10]

