Los Angeles Mission College Community Education

Registration Form for Adults and Children

PLEASE PRINT LEGIBLY

Student's Last Name:	First Name:	
Address:		
City/State/Zip:		
Daytime Phone:	Evening Phone:	
Email Address:		
Class Title:	Start Date/Time:	Fee:
	Total Fees Due: (Please pay this amount)	

Payment: Cash
Check/Money Order: (payable to **Los Angeles Mission College / Community Ed**)
Credit Card Visa/MC/Discover/AmEx #: Expiration Date: _____
(Circle One) ----------

REFUND POLICY: A refund may be obtained up to five (5) days prior to the start date. A per-class service fee of $10 is charged for processing any class drop or withdrawal that is not the result of a class cancellation. If a program is cancelled by the Community Education program, 100% of the collected fees will be refunded. Los Angeles Mission College reserves the right to add or cancel classes, change instructors or make adjustments in scheduled days, hours, room assignments for any class. All class materials are mandatory unless stated as optional under the class description.

This section must be completed for any class that will be attended by a person under 18 years of age.

I grand approval for my child (name), _____, age ____, grade level _____, date of birth _____to participate in youth classes and release Los Angeles Mission College Community Education and any instructors and assistants from any liability arising from his/her participation in said classes. I understand that Los Angeles Mission College Community Education does not provide health or medical insurance for participants. Consent is hereby given to the Los Angeles Mission College Community Education instructors or supervisors to give or seek medical aid required in case of an emergency. My child's photograph and name may be used should media or staff interview or take pictures of my child while participating in classes.

I understand that each Los Angeles Mission College Community Education youth class is designed for a specific age or grade level. I certify that I have enrolled my child in the appropriate grade level, and understand that no refunds are given due to enrollment in a class that is in the wrong age or grade level for my child.

Parent/Guardian's Name: (please print) _____ Date: _____

Parent/Guardian's Signature: _____

Parent/Guardian's Phone: _____

Emergency Contact Name: _____ Phone: _____

Notice to Parent/Guardian: You must pick up your child at the class site immediately following the completion of class.