REGISTRATION FORM - EL PROGRAMA ESPAÑOL 2008 – 2009

Los Gatos-Saratoga Community Education and Recreation
123 E. Main Street Los Gatos 95030 Fax: 408-395-3828

Please find the appropriate corresponding class for your student on the class schedule printed below. Please write the correct class title and number for your child in the registration box. *Registrations for El Programa Español can only be taken in person at our office, via a fax containing ALL the required forms in readable reproduction, or via U.S. Mail as we need to retain a hardcopy of your registration form and your Clubhouse emergency form.*

EL PROGRAMA ESPANOL – LAKESIDE SCHEDULE 2008-2009				
Class Number	Class Title	Grades	Days	Times
4498.401	Spanish 1,2	Grades 1,2	Tuesdays and Wednesdays	Tuesdays 2:45 Wednesdays 1:20
4498.402	Spanish 3,4,5	Grades 3,4,5	Mondays and Wednesdays	Mondays 2:45 Wednesdays 2:25 (immediately following school-sponsored study period.)

ALL INFORMATION REQUESTED MUST BE FILLED OUT TO ASSURE PLACEMENT

Class Number: _____ Class Title: _____

Child's Name (first, last) _____ Child's age: _____ M or F (circle)

Name of School Child is Attending: _____

Entering Grade: _____ Birth Date: _____

COMPLETE IF PAYING BY CREDIT CARD	
FORM OF PAYMENT: ☐ CHARGE ☐ CHECK ☐ CASH (Do not mail cash)	
VISA / MASTERCARD NO.	EXP.DATE / /
NAME AS IT APPREARS ON CARD:	**AMOUNT** $

PLEASE PRINT CLEARLY – FAILURE TO READ INFORMATION WILL RESULT IN DELAY OF REGISTRATION.

CUSTODIAL PARENT/GUARDIAN #1	**CUSTODIAL PARENT/GUARDIAN #2**
First/Last	First/Last
Street Addr	Street Addr
City,State,Zip	City,State,Zip
Hm phone	Hm phone
Cell phone/Pager	Cell phone/Pager
Employer	Employer
Work phone ext.	Work phone ext
Email (Required)	Email (Required)

Marital Status: Custody Information:

AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY FOR PAYMENT AND TO ABIDE BY PROGRAM POLICIES. I understand and agree that my failure to comply with the policies and procedures of registration for and participation in El Programa Español will result in either denial of this application or loss of privileges for my child to attend El Programa Español.

_____ _____

Signature of Custodial Parent/Guardian Date