

## Enrollment/Emergency form

**Students must give a copy of this form, signed, to the teacher the first day for admission to the program.**

Register online at [www.hbas.edu](http://www.hbas.edu) and pay with Visa/ MC/ Discover or American Express or print this form and mail to above address with payment form.

**Class & Location:** \_\_\_\_\_ **Class Dates** \_\_\_\_\_ **Section #** \_\_\_\_\_

Student Name \_\_\_\_\_ Male  Female   
Last First M.I.

Street \_\_\_\_\_ City \_\_\_\_\_ State CA Zip \_\_\_\_\_

School (2018-19) \_\_\_\_\_ Grade Level (2019-20) \_\_\_\_\_ Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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.*

### PERSON TO CALL IF PARENTS CANNOT BE REACHED:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE LIST** all medical problems or needs that we should be aware of including allergies to medications/specific foods:

\_\_\_\_\_  
\_\_\_\_\_

### POLICIES

(1) A responsible adult must see that the student arrives to the classroom no sooner than 15 minutes before class and is picked up no later than 15 minutes after class. (2) REFUND POLICY: In the event the class is cancelled, all funds will be refunded. ***Fees are non-refundable after June 7, 2019*** (3) 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 need to please email teacher (email address on flyer) to report absence 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.

### RELEASE & 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 agree to hold defend, indemnify and hold harmless the Huntington Union High School District ("District"), its Board of Trustees, District Officers, Agents and Employees, individually and collectively, from and against all costs, claims, actions and judgments arising from or in connection with personal injuries, property damage or otherwise caused that may arise from or be alleged to arise from the aforementioned student's participation in the ***Academic Preparation/APA Kids/APA Jr.*** class. I further acknowledge that the District does not provide for medical insurance coverage for students and, therefore, I am responsible for any and all medical expenses that may arise from 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 student's photograph may be taken while my student is participating in the class/program or in activities related to the class/program, and I give my consent for photos to be used in promotional materials or media releases. I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE POLICIES, AND I GIVE MY RELEASE AND CONSENT TO THE ABOVE.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# Academic Prep Payment Form

Print Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Class: \_\_\_\_\_ Fee: \_\_\_\_\_ Class Dates \_\_\_\_\_ Section # \_\_\_\_\_

**Method of Payment:**

Check      Make check payable to "HBAS," and include phone number.  
A fee of \$25 will be charged for checks returned for insufficient funds.

Cash

Credit Card:     American Express     Visa     Master Card     Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Amount \$ \_\_\_\_\_ Security code # on back of card (last 3 digits):

American Express security code on front of card (4 digits):

Print Parent Name (as printed on the card) \_\_\_\_\_

Signature (as printed on the card)  \_\_\_\_\_

**Billing address if different from student address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Fees/Refund Policy**

**\* Fees are non-refundable after June 7, 2019. In the event the class is canceled, all fees will be fully refunded.**

*Parent or Guardian Signature*

*I understand that my fee payment is non-refundable unless the program is cancelled, 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. I allow my child to be photographed for advertising or marketing purposes.*

 \_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Date*