

CLASS REGISTRATION

COMPLETE ALL SECTIONS OF THIS REGISTRATION FORM

For Office Use Only:

HH #: _____

I WANT TO VOLUNTEER!

A HOUSEHOLD

| | | | |
|--|---------------------|---|---------------------|
| Client / Parent / Guardian First Name | | Client / Parent / Guardian Last Name | |
| Address / Apt # | | City | Zip Code |
| Email | | Cell Phone () - | Home Phone () - |
| ADDITIONAL EMERGENCY CONTACT (must be different than Parent / Guardian) | | | |
| Emergency Contact First Name | | Emergency Contact Last Name | |
| Cell Phone () - | Home Phone () - | Relation to Student | |
| Preferred Language of Communication | | Ethnicity - Check all that apply. | |
| <input type="checkbox"/> English OR <input type="checkbox"/> Spanish | | <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Asian <input type="checkbox"/> Latino/a <input type="checkbox"/> Native Hawaiian or Pacific Islander | |
| How did you hear about us? | | | |
| <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Flier <input type="checkbox"/> Resource Fair <input type="checkbox"/> Child's School <input type="checkbox"/> Word-of-Mouth <input type="checkbox"/> Other _____ | | | |

B STUDENT(S)

| | | | |
|----------------------|------------------------|-------------------|------------|
| Student First Name | | Student Last Name | |
| Date of Birth / / | School Student Attends | Special Needs | |
| CLASS NAME | Class Code | CLASS NAME | Class Code |
| Student First Name | | Student Last Name | |
| Date of Birth / / | School Student Attends | Special Needs | |
| CLASS NAME | Class Code | CLASS NAME | Class Code |
| Student First Name | | Student Last Name | |
| Date of Birth / / | School Student Attends | Special Needs | |
| CLASS NAME | Class Code | CLASS NAME | Class Code |

C TALENT RELEASE & AGREEMENTS

- I confirm the information in this registration form.
 I confirm that I understand the age eligibility requirements for the program.
- I confirm that I have received the Parent / Student Policy + Procedure Handbook and agree to its terms.
 Check this box if you do **NOT** give your and/or your child(ren)'s permission to participate in the documentation and advertisement through video and/or photography.
- I confirm that I understand the refund policy.

STUDENT/ PARENT / GUARDIAN SIGNATURE

DATE

To submit registration in person, stop by our office:

By email:

By phone:

School of Arts and Culture at MHP
1700 Alum Rock Avenue, San Jose, CA 95116

Rosalinda@schoolofartsandculture.org

408.794.6249

Office Hours:

Monday to Friday from 10AM - 5PM

