



ENRICHMENT REGISTRATION FORM Winter/Spring 2010
ONE FORM PER CHILD (please photocopy and attached additional forms for additional children)

Registration Fill Out Completely (A \$10 cancellation fee will be charged for any cancellation.)

Your Child's School: Grade Age Male/Female (circle)
Child's First Name: Last Name:
Parent's Name: Phones: Home: Cell:
Contact e-mail:

People noted below are allowed to pick up student, in addition to parents:

1) Name: Phone:
2) Name: Phone:
3) Name: Phone:

Sign me up!

Class Name: Prog. No: Fee:
Class Name: Prog. No: Fee:
Class Name: Prog. No: Fee:
Payment by: Check Credit Card Cash Total \$

Table with 2 columns for CUSTODIAL PARENT/GUARDIAN #1 and #2, listing fields: First/Last, Street Address, City, State, Zip, Hm. phone, Cell phone/Pager, Employer, Work phone ext., Email.

CUSTODIAL PARENT/GUARDIAN #1

CUSTODIAL PARENT/GUARDIAN #2

Medical Conditions/Allergies: Marital Status: Custody Information:

Special Concerns or Notes:

Please Fax to 408-395-3828 or mail to 123 E. Main Street, Los Gatos, CA 95030- or drop off at Department 7AM to 4PM (after hours use the Recreation office-door drop slot.) Do not leave registration forms at school office or with Clubhouse.

AGREEMENT TO ACCEPT FINANCIAL RESPONSIBILITY FOR PAYMENT AND TO ABIDE BY LGS RECREATION POLICIES: I understand and agree that my failure to comply with the policies and procedures described herein will result in either denial of this application or loss of privileges for my child to attend LGS Recreation programs.

Signature: Date:

Complete if Paying by Credit Card: Master Card or VISA ONLY

Card Number: Exp.

Name as it Appears on Card: