

Registration Form



Community Education Classes

phone: 408-229-4201 • fax: 408-229-4202

Student Name _____

Address _____

City _____ State _____ Zip _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Email Address: _____

Birth Year: _____ May we send you e-mail announcements? Yes No

Where did you hear about us? Mail at home Word of mouth Brochure at the library
 Newspaper Brochure at Work Flyer
 Other _____

Start Date/Time	Title of Course	Fee
(do not include materials fee with course payment)		
TOTAL		

Payment Options:

Cash (*exact change*) Check Money Order Credit Card



Make checks payable to: Gavilan College
Check # _____
Name on Check _____
(\$20 charge for all returned checks)

Visa MasterCard Expires ____/____ Code ____
Card # _____ - _____ - _____ - _____
Cardholder Name _____
Authorized Signature _____

Send registration form to: **Community Education - Gavilan College**
560 Bailey Avenue • San Jose, CA 95141
www.GavilanCE.com

Release & Medical Consent Form

Attention Important Information for Parents! *This form must be returned with your class registration form if you are under 18 years of age. (Includes STAR registration)*

I grant approval for my child _____ Age _____
Entering Grade Level _____ Date of Birth _____ to participate in youth classes and release Community Education and any instructors and assistants from any liability arising from his/her participation in said classes. I understand Community Education does not provide health or medical insurance for participants. Consent is hereby given to the Community Education instructors or supervisors to give or seek medical aid required in the case of emergency. Students must be able to follow directions independently or in a group. If a student is disruptive to the learning process, I understand that he or she may be dropped from his/her class without refund. Students under 13 years of age must be dropped off at the classroom door and picked up promptly from the classroom door as they will not be supervised before class starts or after class ends. My child's image and name may appear in print ads or the college's media publications for Gavilan College Community Education while engaged in campus activities and classes. I understand that each youth class is designed for a specific grade level. I certify that I have enrolled my child in the appropriate grade level.

Parent/Guardian Signature: _____ Date _____

Parent's Name (print): _____ Phone: (_____) _____

Emergency contact: _____ Relation to student: _____ Phone: (_____) _____

Either you or your emergency contact must be reachable at their phone number during class hours.

Cancellation Policy:

*Notify us in writing at least 3 full business days before the first class.
You'll receive an electronic voucher, good for 2 years, for the amount you paid for the class.
Some classes require earlier cancellation. See course for more info.*