

SPANISH CLASS REGISTRATION FORM

Today's Date: ___/___/___

Last Name: _____ First: _____ Middle: _____

Address: _____

Street

Apt.#

City

Zip Code

Home Phone: (____) _____ Cell: (____) _____ Email: _____

Emergency Contact:

Name: _____ Phone: (____) _____ Relationship: _____

I GIVE PERMISSION to La Costa Adult School to interview me and use my photo or video in any and all media and publications without receiving any payment and I realize I retain no rights to these interviews, photos, or videos.

I DO NOT GIVE PERMISSION to La Costa Adult School to interview me or use my photo or video in any media or publication.

Student Signature: _____

<u>Check One Level:</u>	<u>Days</u>	<u>Time</u>	<u>Dates</u>	<u>Cost</u>	<u>Room</u>
<input type="checkbox"/> Level 1	M, W	6:30pm – 8:30 pm	10/22/18 – 12/12/18	7 weeks = \$100.00	1
<input type="checkbox"/> Level 2	Tu, Th	6:30pm – 8:30 pm	10/23/18 – 12/13/18	7 weeks = \$100.00	MUB
<input type="checkbox"/> Level 3	Th	6:30pm – 8:30 pm	1/17/19 – 6/6/19	18 weeks = \$125.00	1

For Office Use

Payment: \$ _____ Cash Check # _____ Date of Payment: _____ Wait List? Y N

Student ID: _____ In ASAP? Y N