

REGISTRATION FORM

(310) 660-6460 • www.ECCommunityEd.com

Name _____

Address _____

City _____ State _____ Zip _____

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

E-Mail Address _____

May we send you e-mail announcements? Yes No

Course	Start Date/Time	Title of Course	Fee

Payment Options: (PAY MATERIAL FEES DIRECTLY TO INSTRUCTOR) **TOTAL**

Cash Check Credit Card

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

Visa MasterCard Discover Expires _____
Card # _____ - _____ - _____ - _____ (must be 16 numbers)
Cardholder Name _____ CVV # (3 numbers) _____
Authorized Signature _____

Send registration form to: Community Education – El Camino, 16007 Crenshaw Blvd., Torrance, CA 90506
www.ECCommunityEd.com e-mail: CommEd@elcamino.edu Fax: (310) 660-6015

Cancellation Policy: Please choose your classes carefully. No refunds issued unless a class is cancelled by El Camino College. Credit Vouchers in the amount of the class registration fee less a \$10 service fee per class will be issued upon requests made 3 full business days before the first class meeting. Credit Vouchers are applicable toward a future Community Education class and are valid for 3 years.

- No credit or grades given for these courses
- Community Education does not provide escort service for children.
- Remind your children to speak & behave quietly in the hallways. There are other classes in session.
- Young children should not be dropped off in the parking lot.

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: () _____

Contact Information of additional person who may be contacted in case of Emergency:

Name: _____

Phone: () _____

KID'S COLLEGE Release & Medical Consent

This portion of the form must be completed by a parent or guardian of students under 18 years of age.

I grant approval for my child _____

Age _____ Grade Level _____ Date of Birth _____
to participate in youth classes.

I understand Community Education does not provide health or medical insurance for participants. The undersigned agrees to defend, indemnify and hold harmless the El Camino Community College District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned's participation in the El Camino College Community Education and Professional Development Program. Consent is hereby given to the Community Education instructors or supervisors to give or seek medical aid required in the case of emergency. My child's photograph and name may appear in print ads or the college's publications for El Camino Community Education while engaged in campus activities and classes.