ACE AFTERSCHOOL PROGRAM
REGISTRATION FORM (ONE STUDENT PER FORM)

SCHOOL_____ SESSION_____

STUDENT INFORMATION

_____ _____ _____ _____ _____
First Name Last Name Age Grade Teacher

Transportation After Class: _____On-Site Childcare _____Walk _____Bike _____Parent _____Other

Health Restrictions or Allergies:_____

_____ _____ _____ _____
Parent / Guardian Name Work/Cell Phone Parent / Guardian Name Work/Cell Phone

_____ _____ (___)_____ _____
Address Zip Code Home Phone e-mail Address

Emergency Contact:_____ Home:_____ Cell:_____

Insurance company:_____ Policy Number:_____

CLASSES REQUESTED

_____ _____ _____ $_____ _____
Class # Class Title Day Fee Check #

_____ _____ _____ $_____ _____
Class # Class Title Day Fee Check #

TOTAL FEE: $_____

PLEASE ATTACH ONE CHECK FOR EACH CLASS –PAYABLE TO IPSF-ACE

Classes are filled on a first come first served basis. Registration for a class does not guarantee placement of your child.
PAYMENT: Make one check (s) payable to IPSF-ACE. Attach separate check for each class. Write class number and student's name on check. $15 fee for returned checks. Tuition includes $25 non-refundable program fee.

If you would like to contribute to the ACE scholarship fund, please attach your tax-deductible donation on a separate check:
$_____
Any amount is greatly appreciated.

SCHOLARSHIPS: A limited number of scholarships are available for individuals who monitor class days and for families in financial need. Please pick up an application in the front office. Scholarships generally cover one half of the class tuition.

☐ **I have submitted paperwork to IPSF for a scholarship.**

☐ **I wish to be a monitor and receive a discount.**

RELEASE FROM LIABILITY & CONSENT FOR TREATMENT: Participation in the class in which I have enrolled my child is voluntary. To the fullest extent permitted by law, I agree to indemnify and hold harmless, and I hereby unconditionally and forever release, Irvine Public Schools Foundation and Irvine Unified School District and their respective directors, trustees, officers, agents and employees from any and all liability, claim or action resulting from or in any way arising out of the participation in this activity by the registered person. I consent to treatment of my minor son/daughter to any and all medical care deemed necessary by a qualified physician and to pay any and all medical costs incurred as a result of said treatment. I will permit photographs, videotaping and surveys of my child taken during these classes to be used for publicity by authorization of the Irvine Public Schools Foundation. **I understand that I am responsible for my child before and after class.**

_____ _____ _____
ARENT / GUARDIAN SIGNATURE PRINT NAME DATE