

**Presentation High School
High School Summer Enrichment Program
Registration**

Student Name: _____ Age _____ M/F _____

Home Address: _____ City _____ Zip _____

Father/Guardian: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother/Guardian: _____ Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact _____ Emergency Phone: _____

Are there any medical conditions, medical history or special needs that we should know about?

I am registering for the following:

_____ Freshman Study Skills: July 28-August 1, 9:00-12:00	\$150.00
_____ Freshman Study Skills: August 4-August 8, 9:00-12:00	\$150.00
_____ SAT Prep: June 16-June 27, 9:00-12:00	\$350.00
_____ Intro to Film: July 7-July 18, 9:00-2:00	\$550.00
_____ Intermediate Film: July 28-August 8, 9:00-2:00	\$550.00

TOTAL FEES: _____

MAKE CHECKS PAYABLE TO PRESENTATION HIGH SCHOOL

Send registration and full payment to: Presentation High School, Summer School 2008, 2281 Plummer Avenue, San Jose, CA 95125

Refund Policy:

Refunds will be given for classes dropped prior to June 8. There is a cancellation fee of \$50 for each program. After this date refunds will not be provided. Refund requests must be submitted in writing or by sending an email to the summer school office. No exceptions will be made to this policy. Presentation reserves the right to cancel any course offering for which sufficient numbers do not register. There will be no charge for classes cancelled by Presentation due to lack of enrollment. No refunds will be given for absences.

Parent Consent:

I hereby register my child for the above described class(es) and/or camps and authorize the staff to direct him/her in participation in summer activities. My child has no medical or emotional problems which may affect his/her ability to safely participate in your program, and the Presentation High School Summer 2008 is authorized to attend to any health problem or injury my child may incur while attending Presentation Summer 2008. I understand that my child must have current and active medical insurance before he/she can attend Presentation High School's Summer Program 2008. Neither I nor my child will hold Presentation High School or staff liable for injuries or expenses relating to injuries while my child is at Presentation's Summer Program 2008.

Parent/Guardian Signature _____ **Date** _____

For Office Use Only

_____ Paid _____ Sent Confirmation _____ Registered Check # _____