

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

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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:**

_____ Ceramics: June 16-20, 9:00-12:00	\$150.00
_____ Dance: June 16-20, 12:30-3:30	\$150.00
_____ Drawing & Painting: June 23-June 27, 9:00-12:00	\$150.00
_____ Hip Hop: June 23-June 27, 12:30-3:30	\$150.00
_____ Introduction to Film: July 7-July 18, 9:00-2:00	\$550.00
_____ Web Page Design: TBD	\$150.00

**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** \_\_\_\_\_

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**For Office Use Only**

\_\_\_\_\_ Paid      \_\_\_\_\_ Sent Confirmation      \_\_\_\_\_ Registered      Check # \_\_\_\_\_