HILLSIDE
FOCUSED ON SMART SOLUTIONS SINCE 1971

# Registration Form for The College Process 101 Class
## A Two week class to prepare the college student.
## Dates: July 6 - July 17, 2020
## Monday - Friday, 1:30pm - 3:30pm at The Hillside School

Student's Legal Name: _____ DOB: _____ Student Email: _____

Present school attending: _____ Current Grade: _____ High School Grad Year: _____

Has student attended Hillside before? No / Yes, last year attended: _____ One on One Class/Summer School/Other

**Parent/Guardian #1** name: _____ Home #: (____) _____ Cell # (____) _____

Address: _____ City: _____ Zip code: _____

Email address: _____ Work #: (____) _____

Company name: _____ Position: _____

**Parent/Guardian #2** name: _____ Home #: (____) _____ Cell # (____) _____

Address: _____ City: _____ Zip code: _____

Email address: _____ Work #: (____) _____

Company name: _____ Position: _____

If parents have separate addresses: With whom does the child reside? _____
To whom does the school send paperwork (contract, billing, etc.)? _____

**Subject Needed**

Course: THE COLLEGE PROCESS 101 Teacher JULIE TICHON

Class Fee: $290.00
Tuition to be paid in full upon registration. No refunds will be given after the first day of class, or July 6, 2020.
A convenience fee of 3.7% will be added to all payments made by credit card. Initial: _____
Referred by: _____

Note special medical problems/allergies to medications: _____

List two local alternatives to which your child may be released if unable to contact parents:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

**Emergency Medical Authorization**

In case of an emergency, and if I/we cannot be reached, I/we the undersigned parent(s) or guardian(s) of the above named student, a minor, do hereby authorize a representative of the The Hillside School and Learning Center and/or the alternates listed above to act as agent(s) to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the The Hillside School and Learning Center to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provisions of Section 25.18 of the Civil Code of the State of California and is effective unless revoked in writing. I/we understand that The Hillside School and Learning Center does not provide accident medical insurance for students for school-related injuries.

On (Date:) _____ at (City): _____, California

In the event of a disaster, if parents or alternates are not available, my child may be released to an adult familiar to them. Yes ____ No ____
The undersigned declare under penalty of perjury that they are the parents or legal guardians of the above named student and grant the above authorization:

_____ Signed (Father or Male Guardian)

_____ Signed (Mother or Female Guardian)

*Note: Signature of both parents needed unless single parent or guardian with legal custody. If you are a single parent with legal guardianship, please circle your name.*

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