

COMMUNITY EDUCATION PROGRAM REGISTRATION FORM



ALLAN HANCOCK COLLEGE *Do not use this form for credit classes.*

Please print legibly.

LEGAL NAME (Last First Middle Initial)

ADDRESS (Number & Street, Apt. #)

CITY **ZIP CODE**

E-MAIL ADDRESS
(Required to register for online classes.)

□ □ □ □ □ □ □ □ □ □
Social Security Number

Month Day Year (4 digits)
□ □ □ □ □ □ □ □ □ □
Birth Date

- Students must be high school graduates or 18 or older.
- Complete and sign this form. **ONLY ONE PERSON PER FORM.** The form may be duplicated.
- If a fee is required, make check payable to: **AHC Community Education. Do not mail cash** – please bring cash payments into the office for processing.
- Register by mail, FAX (352-1046), or drop off this form **Allan Hancock College Community Education - bldg. S 800 So. College Drive Santa Maria, CA 93454-6399**
(For College for Kids registration, see form on page 67.)
- For more information call 922-6966 ext. 3209, or toll-free 1-866-DIAL AHC (342-5242) ext. 3209, or visit www.hancockcollege.edu.

Male Female Have you attended Hancock before?
□ □ □ □ □ □ Yes No
□ □

□ □ □ □ - □ □ □ □ □ □
Business Telephone Number

□ □ □ □ - □ □ □ □ □ □
Home Telephone Number

COURSE TICKET NUMBER	NAME OF COURSE	DAY & TIME	FEE (IF APPLICABLE)

X _____
SIGNATURE **DATE**

FOR INSTRUCTOR USE ONLY
I authorize this student to add my class. Signature _____ Date _____

Method of Payment: **TOTAL FEES** (If Any) \$ _____

- CHECK** *Do not mail cash.* Please bring cash payments into the office for processing.
- CREDIT CARD** Circle Appropriate Credit Card: VISA MASTERCARD
 If paying by credit card and FAXING a registration, all credit card info (below) **must** be completed.

Credit Card No. _____ Exp. Date _____

PRINT NAME (as it appears on your card) _____

AUTHORIZING SIGNATURE _____

Questions? Call 922-6966 ext. 3209 or toll-free 1-866-DIAL AHC (342-5242) ext. 3209.



COLLEGE FOR KIDS REGISTRATION FORM

- ✦ Complete and sign this form. **ONLY ONE FORM PER STUDENT.** Form may be duplicated.
- ✦ Payment will be accepted in the form of check, money order, or credit card. Cash will be accepted only with walk-in registration. **Do not send cash in the mail.** Make check(s) payable to: **AHC COLLEGE FOR KIDS.**
- ✦ **Mail to: Allan Hancock College, Community Education, bldg. S, 800 S. College Dr., Santa Maria, CA 93454-6399.** Or **FAX to 352-1046** with VISA or MasterCard authorization. The registration deadline is seven working days before the class(es) begin(s). Registrations are processed on a first-come, first-served basis.
- ✦ Need additional info? See the REGISTRATION INFORMATION section on pages 64-66.
- ✦ Parents must make arrangements for the timely pick-up of their child(ren) after class.

Student's Legal Name _____ Sex _____ Birthdate _____

Street Address _____ City _____ Zip Code _____

Home Phone No. _____ Student's Social Security No. _____
(necessary for registration)

Where parents can be reached during the day:

Mother (name) _____ Address _____ Phone _____

Father (name) _____ Address _____ Phone _____

Parent's E-Mail Address (optional) _____

In the event of illness or injury, notify the following person, if parents cannot be reached:

Name _____ Phone _____

(Student's Name) _____ has my permission to participate in the Allan Hancock College (AHC), College for Kids program. The undersigned agrees to accept full responsibility for delivering the student to the class at the appointed hour and for picking up the student at the conclusion of each session. The undersigned agrees to hold Allan Hancock College and any officer or employees thereof harmless from any claim for injury to the above named minor arising out of or in any way connected with AHC College for Kids program. The college, its officers or employees, will not be held responsible in any way for the health, safety, or welfare of the student while enroute to or returning from any class or activity offered as a part of the AHC College for Kids program. The undersigned agrees to permit photographs to be taken of this student enrolled in the AHC College for Kids program to be used for promotional purposes.

I, the undersigned parent/guardian of _____, a minor, age _____, do hereby authorize Marian Medical Center or Lompoc Hospital as an agent for the undersigned consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medical staff when such diagnosis or treatment is rendered at said hospital. I have read the parking regulations on page 65.

Parent/
Guardian _____ Social Security # _____

➤ LIST CLASS(ES) IN WHICH YOUR CHILD IS ENROLLING: Today's Date _____

TICKET NO.	FEE	NAME OF CLASS	START DATE/TIME	INSTRUCTOR

Total Amount Enclosed \$ _____ Circle appropriate credit card: VISA MASTERCARD

Credit Card No. _____ Exp. Date _____

PRINT NAME (as it appears on your card) _____

AUTHORIZING SIGNATURE _____