ALLAN HANCOCK COLLEGE
FEE-BASED / COLLEGE FOR KIDS ADMISSION & REGISTRATION FORM

- Complete and sign this form. ONLY ONE FORM PER STUDENT. Form may be duplicated.
- **Mail or Walk-In:** Allan Hancock College, Community Education, Bldg. S, 800 S. College Dr., Santa Maria, CA 93454-6399
- **FAX:** 805-352-1046
- Payment is accepted in the form of check, money order, or credit card. Cash is only accepted with walk-in registration. **Do not send cash in the mail.** Make check(s) payable to: AHC

Student's/Child's Legal Name _____ Sex ____ Birthdate _____

Street Address _____City _____ Zip Code _____

Home Phone No. _____Student's SSN or H Number._____

(necessary for registration)

Cell Phone No. _____ Email Address: _____

Student's Signature _____ Date: _____

College for Kids Only:

Where parents can be reached in case of emergency:

Mother (name)_____   Address_____
Phone_____   Alternate Phone_____

Father (name)_____   Address_____
Phone_____   Alternate Phone_____

Parent's Email Address(optional) _____

In the event of emergency, notify the following person if parents cannot be reached:

Name _____   Phone _____

(Child'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.

Parent/Guardian Signature: _____ Date:_____

CRN	FEE	NAME OF CLASS	DATES/TIMES	INSTRUCTOR

Total Amount Enclosed $ _____   Circle Appropriate Credit Card: **Visa   M/C   Discover   American Express**

Credit Card No. _____ Security Code _____ Exp. Date_____

Print Name *(as it appears on your card)* _____

Authorizing Signature _____

Credit Card Street Address (number only) and Zip_____