Community Education Program - REGISTRATION FORM
Adult Education Center
2510 Lincoln Blvd., Room 8, Santa Monica CA 90405
PHONE: (310) 664-6222 / FAX: (310) 664-6220
EMAIL: lorena.martin@smmusd.org
www.smmusd.org/adulted
http://smm-web.smmusd.org/onlinereg/

The Community Education Program is funded by student fees.
This form can be mailed, faxed or walked into the office.

Last Name **First Name** **MI**

Sex: _M _F Birth date: [/ /] **Phone #:** (_____)_____

Home Address: _____
Number Street Apt. # City State Zip

Email:_____ **Emergency Contact:** (____) _____

Credit Card / Debit Card Payment Option:

Card Type: _____ **Card #:** _____-_____-_____-_____ **Exp. Date** ___/____ **Security Code:** _____

Community Education Classes: Classes not meeting minimum student enrollment to cover the cost of the class are subject to cancellation at anytime. Fees for classes in this category are determined by the number of sessions and an estimated number of enrolled students. Fees pay for teacher salaries, use of facilities, operations, and overall administrative support.

Fees: Textbooks and classroom materials are provided with out charge, however, they may also be offered for sale. Materials fees, if any, are listed in the class description and are for additional instructional materials to be used by the student. There is no in class payment of fees. Pay all fees in the Adult Education Center office or online at http://smm-web.smmusd.org/onlinereg/.

Refund Policy: Full refunds are only available on cancelled classes. A $ 5 processing fee is charged for all refunds prior to the first day of class: after the first class meeting all refunds are prorated from the date received, plus an additional $ 10 processing fee. NO REFUNDS on textbooks or on one-meeting classes after they have been conducted.
Refund Request (Date/Class/Refund Amount)_____ Initials _____

Waiver, Release and Indemnity Agreement: As a condition of my participation in the described activity/program, I agree to waive all claims against the Santa Monica-Malibu Unified School District (District) and to indemnify and hold the District, its officers, agents, and employees, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above-described activity/program. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

Signature _____ **Date** _____

Term	Course #	Class Name	Total Fee (Includes Material Fee)
S / F / W / Sp			$
S / F / W / Sp			$

Date:_____ Received by: _____ Method of Payment:_____ Total Fees: $_____