

CASTRO VALLEY ADULT AND CAREER EDUCATION
2010 Summer K-5 Enrichment Program
ENROLLMENT FORM

Please fill out one Enrollment Form for each child:

Student's Name: _____ M F **Grade Just Completed:** _____

Home Address: _____

Telephone Number: Daytime - _____^{Street} Evening - _____^{City} _____^{Zip Code}

Elementary School Attending: _____

CLASS #	CLASS TITLE	PERIOD / TIME	FEE

Parents or legal guardians of registered students participating in Castro Valley Adult and Career Education K-5 Summer Enrichment Program agree to hold the Castro Valley Unified School District free and harmless of any claim or expense that may arise because of participating in the class(es). Castro Valley Unified School District does NOT carry medical insurance for its' students.

Parent or legal guardian signature: _____

Parent or legal guardian printed name: _____

Date: _____

