

Glendale Community College/Glendale Unified School District

SUMMER ENRICHMENT PROGRAM 2020

Registration Form/ Receipt of Payment Information Office: (818) 240-1000, Ext. 5015

Complete the form and Email: cse@glendale.edu or Fax To: (818) 548-6216

Or Mail To: GCC/CSE-1122 E. Garfield Ave.#MP112, Glendale CA 91205

Studen	nt Informat	ion							
Last Name:						First:	First:		
Address	::								
City						State/Z	State/Zip		
Grade Level for Fall 2020:						Regulai	Regular School of		
(Circle One) K 1 2 3 4 5 6					6	Attend	Attendance		
Parent	: / Guardia	n Conto	act Info	rma	tion				
	Guardian Name		,						
AM Pho	ne: ()				C	Cell Phone:	(
Alternat	te /Emergency (Contact N	ame:						
AM Phone: () Cell Phone: ()									
	, ,							1	
	nformation								
								ort to accommodate your first choice.	
FIRST C	-	u seconu :	scriedule ci	ioices i	below. W	SECOND			
Period	Class Title					Period	Class 1		
1						1			
2						2			
3						3			
Pavme	ent Informa	ition							
Payment Information CHECK/MO#:								CASH	
VISA, MC, AMEX #:								Expiration Date:	
Cardholder's Name:								Authorized Signature:	
I understa treatmen	t may be withh	of emerg	gency requ ut my prio	r conse	ent. The	erefore, in c	ase of in	ild, I may not be available for consent and that jury or medical illness that occurs to my child while school to call 911YESNO (check one)	
Parent / Guardian Signature:							Date:		