



**SPANISH CLASS REGISTRATION FORM**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address:

\_\_\_\_\_

Street Apt.# City Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

[ ] I GIVE PERMISSION to La Costa Adult School to interview me and use my photo or video in any and all media and publications without receiving any payment and I realize I retain no rights to these interviews, photos, or videos.

[ ] I DO NOT GIVE PERMISSION to La Costa Adult School to interview me or use my photo or video in any media or publication.

Student Signature: \_\_\_\_\_

Please check one of the of the following levels:

*SPRING 2021	Days	Time	Date (15 weeks)	Cost	Room
[ ] Level 1	Mondays	5:00 – 7:00pm	1/11/21 – 5/30/21	***\$100.00	Virtual
[ ] Level 2	Wednesdays	5:00 – 7:00pm	1/13/21 – 6/2/21	***\$100.00	Virtual

\*Classes will be Remote/Distance Learning only

\*\*\*Fees are waived for RETURNING students for SPRING 2021

For Office Use

Payment: \$ \_\_\_\_\_ Cash Check # \_\_\_\_\_ Date of Payment: \_\_\_\_\_ Wait List? Y N

Student ID: \_\_\_\_\_ In ASAP? Y N