

REGISTRATION FORM – CONTINUING EDUCATION/OPEN ENROLLMENT

Please Complete All Unshaded Areas												
Student Information – REQUIRED							Demographic/Other Information					
Name							The following questions are used by the state to help provide support for our programs. Although not required, your cooperation in answering them is appreciated.					
<i>Last</i>			<i>First</i>			<i>MI</i>						
San Jacinto College												
ID Number G												
-OR- Social Security No.							CHECK ONE <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic					
Home Address							CHECK ONE <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) American Indian or Alaskan Native <input type="checkbox"/> (7) I do not wish to answer <input type="checkbox"/> (8) Native Hawaiian or Other Pacific Islander					
<i>Street</i>					<i>Apt. No.</i>							
<i>City</i>			<i>State</i>		<i>Zip Code</i>							
County or Country												
Home Phone ()							VETERAN STATUS					
Work Phone ()							Are you a Veteran of the US Armed Services? CHECK ONE <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please include area code and work extension</i>							(1) Academically Disadvantaged					
Gender	M	F	Birth date	MM	DD	YY	(2) Economically Disadvantaged					
Email							Type of Disability:					
Emergency Contact							(3) Disability					
<i>Name</i>			<i>Relationship</i>			<i>Phone No.</i>		(4) Limited English Skills				
It is the policy of the San Jacinto Community College District not to discriminate on the basis of sex, disability, race, religion, color, age, national origin or veteran status							(7) Displaced Homemaker					
							(8) Single Parent					
							Highest Grade or Degree Completed Grade 7, 8, 9,10,11, High School, Some college, Associate, Bachelors, Masters, or Doctorate					

Registration Information							
Section No./CRN			Course Title			Start Date	Course Fee

I certify that all information provided on this form is correct. I understand that this registration cannot be transferred to any other individual. If my tuition for a class(es) is being paid by a company or organization, I hereby give the College permission to release my grades and attendance records for that class(es). **A 100% refund is given if a withdrawal request is received before the class begins. No refund is given after the class begins. Courses that are linked with academic courses will adhere to the stated CPD refund policy.**

Signature	Date
-----------	------

Important: Payment for classes, unless billed to your employer or sponsor, is due the same day registered and can be made online or at any campus business office. Enrollment into a class is not complete until payment is received.

Registration Office and Fax Numbers: • Central Campus • North Campus • South Campus & Clear Lake	Office Number 281.476.1838 281.459.7119 281.922.3440	FAX Number 281.476.1833 281.459.7196 281.922.3422	Campus (circle one) C N S
--	--	---	---

OFFICE USE ONLY	Staff ID:	Date:	Refund Request Date:	Staff ID:
Transfer/Refund	From CRN:	To CRN:	Date:	Staff ID:



Continuing Education Course Permission/Waiver Form

San Jacinto College

To be completed by Parent/Legal Guardian of all students under 18 years of age.

This form must be completed, signed and given to the Office of Continuing Education prior to the beginning of instruction.

PARENT'S PERMISSION

My child, _____, has my permission to participate in the San Jacinto College Continuing Education class.

Class name _____ Dates _____

EMERGENCY CONTACT

Contact #1

Contact #2

Name _____

Telephone Home () _____ () _____

Work () _____ () _____

Address _____

City/State/Zip _____

Relationship to Student (Circle one) Parent/Guardian Relative Friend Parent/Guardian Relative Friend

MEDICAL INFORMATION (Attach extra pages if necessary)

1. Describe all prescription medications or special medical care your child requires. If none, write NONE.

2. Describe all medications to which your child is allergic. If none, write NONE.

3. Describe all other allergies (including food) or special medical conditions. If none, write NONE.

4. Provide name, city, and telephone number of the child's physician.

5. Is the child covered under a medical/hospitalization insurance plan? If no, write NONE; if yes, provide the following information:

Insurance Company _____

Policy Number _____

Name of Insured _____

Employer/Group Name _____

In the event of a serious medical emergency, I authorize San Jacinto College, its employees, and/or agents (collectively "the College") to secure medical transportation or treatment on my child's behalf. I understand that the College is not required to obtain medical transportation or care for him/her. I understand that the College will attempt to contact one of the individuals I have designated as an emergency contact. I authorize the college to release the information on this form to health care providers for the purpose of securing health care services for the child. I understand and agree that I am responsible for all expenses, fees, or costs incurred as a result of the medical transportation or care secured for my child by the College. I understand and agree that the college is not liable for any injury or damages that may occur as a result of medical treatment that the child may receive.

The undersigned parent or legal guardian does hereby execute this release, waiver and indemnification for the child and his/her heirs, successors, representatives and assigns; and hereby agrees and represents as follows:

To release San Jacinto College, its members, employees, agents, representatives and other organizations affiliated with this course from any and all liability, loss, damage, costs, claims and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the course referred to above, it being specifically understood that said course may include the operation and use by the undersigned participant and others of equipment or machines. Parents/Legal guardians of children in Kids/Teen College/Home School courses are advised to read and follow the procedures outlined in the Letter to Parents. The undersigned further agrees to indemnify San Jacinto College, its employees, members, agents, representatives and other organizations affiliated with this course and hold them harmless for any liability, loss, damage, cost, claim, judgment or settlement which may be brought or entered against them as a result of the undersigned's participation in said course. This indemnification shall include attorney's fees incurred in defending against any claim or judgment and incurred in negotiating any settlement. It is understood and agreed that the undersigned shall have the opportunity to consent to any such settlement, provided, however, that such consent shall not be unreasonably withheld.

I HAVE CAREFULLY READ THIS PERMISSION/WAIVER RELEASE AND UNDERSTOOD ITS CONTENTS, AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT.

Signature of parent or legal guardian
10 participant is under the age of 18 years.

Relationship

Date