OFFICE USE:

Date:_____ Amt: $_____

Type:_____ By: _____

Registration Form

MAIL TO: **Princeton Community Education**, 321 Panther Parkway, Princeton, TX 75407
http://www.princetonisd.net

Please Print:

PARTICIPANT'S Name_____ **Home Phone**_____
LAST FIRST M.I.

Parent's Name_____ **Work Phone**_____ **Fax** _____
(If applicable)

Address_____ **Email** _____
Street **City** **Zip**

Course Title	Dates	Days	Time	Location	Fee
MAKE CHECKS PAYABLE TO: PRINCETON ISD COMMUNITY EDUCATION				TOTAL FEES	

☐ **CHECK ENCLOSED – Driver's License #**_____ **State** _____

REFUND POLICY: 100% if class is cancelled. 100% less $10 cancellation fee before first class. No refunds after first class. Refunds may take at least four weeks to process.

WAIVER OF CLAIMS: "I hereby waive any claim I might have against the Princeton Independent School District, or any of its agents, which might arise from any injury or other damage I might incur while on the property of Princeton Independent School District or while participating in any activity sponsored by the Princeton Independent School District."

Date_____**Signature**_____

Name and phone number of 2 people to contact in case of emergency:	**1.**
	2.

EMERGENCY INFORMATION FORM

(Children ages 18 and younger only)

Medical Conditions? _____

Name of Student _____ **Grade this school Year?**_____ **Age** _____

Address _____ **Home Phone** _____

Mother's Name _____ **Business Phone** _____

Father's Name _____ **Business Phone** _____

If your child should become ill or accidentally injured during a Princeton ISD Community Education class and the Princeton ISD office is unable to reach a family member, the school will call the person(s) you name below:

Name _____ **Relationship** _____ **Phone** _____

Name _____ **Relationship** _____ **Phone** _____

If a friend or family member cannot be reached, the Princeton ISD office will contact the physician you indicate below:

Physician's Name _____ **Office Phone** _____

ASSURANCE: If the Princeton ISD office is unable to reach a family member, friend, or the physician indicated above and my child is in need of emergency medical treatment, I hereby authorize the Princeton ISD staff to obtain emergency medical treatment and the emergency physician to administer medical treatment to my child.

_____ _____

Signature of Parent or Guardian **Date**