

■ Expanding Horizons

Reg #091-EDL-L04 Fee: _____

Circle first choice in each class time:

Code AM I Class

- 1.1 Math Around the World
- 1.2 Beginning Spanish

Code PM I Class

- 1.5 Using Words to Weave Magic
- 1.6 First Aid and Wilderness Survival

Code AM II Class

- 1.3 A Quantum Leap to China
- 1.4 Art From Many Cultures

Code PM II Class

- 1.7 Be a Star!
- 1.8 On the Road to Success

■ Individual Youth Classes

I wish to enroll in:

- What's In the Bag?
- Learning Skills
- Exploring Algebra

Reg #091-EDL-L01 Fee: _____
 Reg #091-EDL-L02 Fee: _____
 Reg #091-EDL-L03 Fee: _____

Registration Information

Please copy this form for each additional child registering.

Enclose: Check made payable to REGENTS-UC for the total amount of \$_____.
 Expanding Horizons students need to provide a copy of a recent report card.

Mail to: UC Riverside Extension, 1200 University Ave., Riverside, CA 92507-4596

TO USE YOUR CREDIT CARD:

 VISA/MasterCard No. Exp. Date

 Authorizing Signature

THE FOLLOWING INFORMATION IS REQUIRED FROM ALL STUDENTS ENROLLING.

Emergency Information Release

Please complete carefully. This form will be used as the student's emergency card. This emergency release form must be completely filled out and returned at the time of registration. This information is needed in case your child is injured or becomes ill. Parents are often away from home during the day when something unexpected happens, and we are unable to locate them. It is most important that we have the name of a friend or neighbor who will assume the responsibility of parents in their absence.

Student's Full Name (please print)	Home Phone	Social Security No.	
Home Address (street, apt. no.)	City	State	ZIP + 4
E-mail Address			
Grade in Fall 2009	Age	School	
Full name of person with whom child resides	Relationship	Cell Phone	Business Phone
Mother's Name	Home Phone	Daytime or Cell Phone	
Father's Name	Home Phone	Daytime or Cell Phone	

Person responsible when we cannot reach you: *(We suggest that this person be able to provide transportation.)*
 Check one: Relative Neighbor Friend

Name	Daytime Phone
Home Address	
Do you have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please identify your insurance plan and policy number: _____	
Doctor's Name	Phone
Is your child currently taking any medications or under a physician's care? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe: _____	
Does your child have allergic reactions to any medications or food? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the medications/foods to which your child is allergic: _____	

Signature of Parent or Legal Guardian *Date*

Your signature is required to allow treatment of your child at an emergency care center in case of emergency.

UCR Extension staff members are authorized to use their discretion to secure emergency aid, including paramedics. Further, I hereby release UC Riverside Extension and the University of California, Riverside, and its employees from any liability while my child/children attend(s) class.