

OCC EXTENDED EDUCATION
College For Kids Registration Form

Student Name _____

Address _____

City _____ Zip _____

Phone (day) _____ (eve) _____

Class Name	Date	Amount
_____	_____	\$ _____
_____	_____	\$ _____
Total Amount Enclosed		\$ _____

Credit Card Payment:

Number _____ Exp. Date _____

Name of Cardholder (print) _____

Signature _____ Date _____

College for Kids Release and Medical Consent

My child, _____, has my permission to participate in the College for Kids programs and I release Orange Coast College, Coast Community College District, and any presenters and assistants from any liability arising from my son's or daughter's participation in said programs. I understand the College does not provide health and medical insurance for the participants. Consent is hereby given to the College for Kids presenters and/or supervisors to give or seek medical aid as required in the case of emergency.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____