

Community Education Spectrum Enrichment Program



Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451

978-456-4118

jcavanaugh@psharvard.org

Child Name _____ DOB _____ GR/Teacher _____

Allergies _____

Address _____ BUS # _____

Home Phone _____ Parent Name(s) _____

Parent Cell Phone _____ Work Phone _____

E-Mail _____

PLEASE PRINT CLEARLY

Emergency Contact & Phone _____

(Other than parent, in case parent cannot be reached)

Physician _____ Medical Plan & Number _____

You **MUST** have a **BACK UP PLAN** for your child if class is cancelled due to inclement weather or instructor illness:

Take bus home (BUS # _____) **OR** Pick up at school by _____

Transportation is not provided unless otherwise noted.

I WOULD LIKE TO REGISTER MY CHILD FOR

CLASS NAME: _____

If the class is full when we receive your registration, we will place your child on a waiting list and notify you by email. If no spot opens up, your check will be returned by mail.

You may send in a check with this registration or pay by electronic check online at the school's online payment system, Unibank. Note: Unibank charges a \$.25 service fee)

Registration is on a first-come, first-served basis, as received at the Community Education office, either online or by turning this form into the Community Education office. Class size is limited. Confirmations are sent via e-mail. If you do not use e-mail please call our office to confirm your child's registration (978-456-4118).

REFUND POLICY: No refunds will be issued. Check will be returned if a class is full and there is no spot for your child or if a class is cancelled.

Late Pick-up from a Community Education class may result in a \$1.00 per minute fee payable immediately to the instructor.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the COMMUNITY EDUCATION/SPECTRUM program and agree to allow him/her to participate in COMMUNITY EDUCATION/SPECTRUM classes. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in COMMUNITY EDUCATION/Spectrum classes.

I have read and am fully aware of the Refund Policy of Harvard Community Education and the SPECTRUM Program.

PARENT/GUARDIAN SIGNATURE

DATE