

# SUMMER SPECTRUM REGISTRATION FORM – 2019

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (Fall 2019) \_\_\_\_\_

Allergies: \_\_\_\_\_

Address \_\_\_\_\_

Phone (Best Contact) \_\_\_\_\_

Parent Name \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

PLEASE PRINT CLEARLY

Emergency Contact & Phone \_\_\_\_\_

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

Class Name: \_\_\_\_\_ Fee\* \_\_\_\_\_

Class Name: \_\_\_\_\_ Fee\* \_\_\_\_\_

If applicable: T-Shirt size \_\_\_\_\_

\*Non Residents (does not include School Choice) please add \$10 non-resident fee

Please make all checks payable to **Town of Harvard** *(Please note your child's name on the check.)*

Mail or deliver to: Harvard Community Education, 39 Massachusetts Avenue, Harvard, MA 01451

*If paying by electronic check using the Online Payment Center:*

Payment Confirmation # \_\_\_\_\_ Date: \_\_\_\_\_

Class size is limited. Registration is on a first-come first served basis. Both Registration and Payment must be received to secure a spot.

**Late pick-up** will result in a \$1.00 per minute fee payable immediately to the instructor.

**REFUND POLICY:** Tuition is non-refundable. Check will be returned only if a class is cancelled.

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 the above listed Spectrum class. 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 this activity.

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

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PARENT/GUARDIAN SIGNATURE

DATE