



2100 Leron Avenue
Rowland Heights, CA 91748-3945

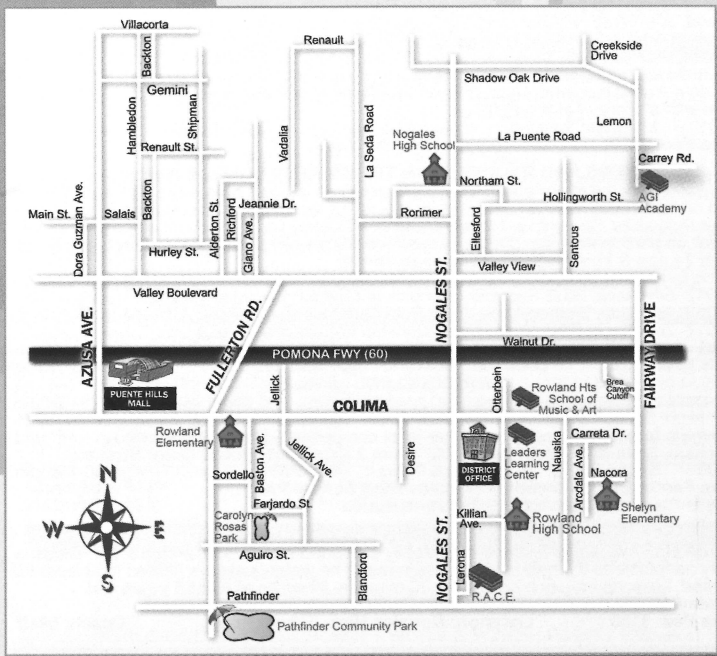
*****ECRWSSDDM****

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Permit No. 4008

ECRWSS

RECREATION DEPARTMENT GENERAL INFORMATION



Refund Policy: Please plan carefully, as there will be **NO REFUNDS, CLASS TRANSFERS OR LETTER OF CREDIT.** If the class is canceled by the Recreation Department, a full refund will be processed and mailed to you.

Make up Classes: There are **NO Makeup** classes if you miss a class. If a class is canceled due to weather or the instructor out ill, the Recreation Department will do its best to make the class up. The Makeup class will be made up at the end of the current session. If there are not enough extra weeks to have the makeup on its scheduled day, it will be scheduled on a different day of the week. If a makeup day is offered and you cannot attend, there will be no refund or letter of credit.

Class Changes: No class changes will be made once a student is registered.

Parent Responsibility: Parent **MUST** be sure instructor is on site before leaving child and **MUST** be on hand **PROMPTLY** at the close of class to pick up child as instructor cannot be required to remain beyond class hours or be responsible for a child's safety outside the specified class time. **A CASH CHARGE WILL BE ASSESSED FOR EARLY DROP-OFF & LATE PICK-UP.** \$10 for the first 15 minutes, \$20 for 30 minutes and \$30 for 45 minutes.

PARENTS DO NOT WAIT IN CLASSROOM UNLESS NOTED IN THE BROCHURE.

Ages and Ability Level: Ages for proper class placement are noted. Please register for correct age level. **PROOF OF AGE MAY BE REQUIRED.** Final decision of any changes will be made by the Recreation Department and/or instructor.

Clothing: Participants in physical activity classes should wear proper shoes and clothing. Children in dance classes need proper footwear. Instructors discuss apparel requirement at first class meeting.

Please Note: This brochure is printed weeks in advance of program beginning and changes in the schedule may occur. We reserve the right to make changes as necessary.

Thank you for your understanding and cooperation.

The Rowland Unified School District does not discriminate on the basis of race, color, national origin, ethnic group identification, ancestry, religion, age, marital status, gender, sex, sexual orientation, physical mental disability, medical condition, and political belief or affiliation in admission or access to, or treatment of employment in, handicap, in its programs and activities including adult and vocational education.



Rowland Adult & Community Education
RECREATION DEPARTMENT

2100 Leron Avenue • Rowland Heights, California 91748
Telephone: (626) 965-5975, ext. 1569 or 1567
Fax (626) 854-1191

MAIL TO: ROWLAND ADULT & COMMUNITY EDUCATION
2100 Leron Ave, Rowland Heights, CA 91748
MAKE CHECKS PAYABLE TO: Rowland Unified School District (RUSD)

MAIL-IN REGISTRATION FORM
PLEASE REGISTER BEFORE FIRST MEETING
A \$5.00 non-refundable fee will be assessed on every registration

Student Name: _____ Birthdate: _____ Age: _____ Class Location: _____
 Class#: _____ Title: _____ Day: _____ Time: _____ Fee: _____
 Student Name: _____ Birthdate: _____ Age: _____ Class Location: _____
 Class#: _____ Title: _____ Day: _____ Time: _____ Fee: _____
 Non-Refundable Registration Fee: \$5.00
 Total: _____

A FULL REFUND WILL ONLY BE MADE WHEN A CLASS IS CANCELED BY THE RECREATION DEPARTMENT. Remember to READ ... SIGN ... and DATE the waiver below. I voluntarily agree to participate or have my children participate in this program, including special events, excursions and recitals. I realize that every precaution is taken to eliminate any injuries or hazards and that a competent supervisor is present. However, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for which may arise in connection with the above-named activities, against the Supervisor, Department of Recreation Personnel and the Rowland Unified School District.

PRINT NAME of PARENT / GUARDIAN / ADULT REGISTRANT: _____ **DATE:** _____

SIGNATURE: _____ **EMERGENCY PHONE NO.:** _____

Please plan carefully as there will be **NO CLASS REFUNDS OR TRANSFER.** Parent Initials: _____

EMAIL: _____

Address: _____ City: _____ Zip: _____

(CELL #1): _____ (WK.) Mom / Dad: _____ (CELL #2): _____

Method of Payment: Cash Check Charge My: Visa/Mastercard/AmEx Account# _____

Signature: _____ CVC# on C.C. _____ Exp. Date: _____