



Language Class Registration Form



PLEASE PRINT CLEARLY

Student Info

Term 2, 2020

First Name: _____ Last Name: _____

Email Address: _____ Best phone #: _____

Sponsor Info

First name: _____ Last Name: _____

Cell Phone: _____ Duty Phone: _____

Please circle your choice

<u>German 1 Lunch</u> Mon-Thu, 1100-1150 Gudrun Garcia	A	
<u>German 2 Lunch</u> Mon - Thu, 1200-1250 Gudrun Garcia	B	
<u>German 1 Night</u> Mon & Wed, 1700-1845 Robert Bels	C	
<u>German 2 Night</u> Tue & Thu, 1700-1845 Gudrun Garcia	D	<u>French 1 Night</u> Tue & Thu, 1700-1845 Robert Bels E

Children may not be brought to class or left unattended in the building during class time.

One-on-one sessions available by appointment ONLY

Please read and initial:

- Students must be 18 years of age or older
- A non-refundable administrative fee of \$25 will be assessed for withdrawals
- Deadline for withdrawals is 3 days prior to start of class - no refunds can be given after deadline
- Full refunds only for PCS, TDY, or deployment prior to start of class – copy of orders required. Refunds must be collected within 30 days after approval
- Partial refund only for PCS, TDY, or deployments during term – prorated at \$11.25 per remaining full week. Refunds must be collected within 30 days after approval

Student Signature: _____ Date: _____

FOR COMMUNITY CENTER EMPLOYEES USE ONLY

Course (Letter) _____ RecTracRcpt #: _____ Amount Paid _____

Payment (circle one): cash check cc – last 4 _____ Employee's Initials: _____