

Instructor: _____
 Workshop: _____
 Fees Paid: _____
 Date: _____



REGISTRATION FORM
 ALL REGISTRATION FEES MUST BE PAID IN FULL PRIOR TO OFFICIAL CLASS ENROLLMENT

STUDENT INFORMATION (REQUIRED SECTION): CASE # _____

Date of Referral: _____ Clients Full Name: _____

Date of Birth: _____ Age: _____ Phone: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____

PARENT/ GUARDIAN / CASE WORKER'S INFORMATION (IF APPLICABLE):

Case Worker's name _____

Phone: _____ Fax: _____ E-mail (required) _____

Address: _____

City: _____ State: _____ Zip: _____

ENROLLMENT: List the workshop title, location and training date.

Workshop	Location	Date of Training	Time
Example: Credit	Lawndale office	May 25, 2001	10am

Are there any specific behaviors, custody arrangements, gang affiliations or medical conditions that we should be aware of?

 Allergies / Dietary requirements / Reaction

Late Policy: Tardiness is disruptive to your classmates. Late arrivals are excused only if the student calls the instructor and least 30-minutes prior to the start of class. Un-excused late arrivals are subject to non-admittance into the workshop, forfeiture of any refunds / rescheduling and are evaluated at the sole discretion of You-Turn Project, Inc.

Refund / Cancellation Policy: No refunds of registration fees will be issued unless You-Turn Project cancels the scheduled workshop. Any fees paid for missed classes may be applied to another workshop, if the participant calls within 48-hours to reschedule the class, and is subject to availability. You-Turn Project reserves the right to refuse the option of rescheduling any workshop. All fees paid toward the First Aid/ CPR class will NOT BE REFUNDED OR APPLIED TO ANY FUTURE WORKSHOP. No exceptions.

I Hereby give my consent to participate in the Independent Living / Employment Preparation Program administered by an official staff member of You-Turn Project, Inc. I also give permission to the relevant official of YOU-TURN PROJECT, INC. to make emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such times I can be contacted. I authorize this official to sign any medical documents necessary for the emergency treatment of the student should the need arise if I am unable to be contacted immediately. I understand that You-Turn Project is a partner with designated social service agencies and if you were referred by a social worker from this agency information pertaining to my attendance, punctuality, and progress may be shared. I will update YOU-TURN PROJECT, INC with any changes to my contact information via mail, fax, and phone, phone to ensure all information in my record is up-to date.

 Signature of student

 Print Name