



GREENFARM

Registration Form

HOW TO REGISTER: Mail this completed form with payment of a check, money order, VISA or MasterCard number to: **SSU Extended Education, 1801 E. Cotati Avenue, Rohnert Park, CA 94928-3609.** Registration is accepted by phone, 707/664-2394 or FAX 707/664-2613 with a credit card only. Confirmations of enrollment will be sent within a week after the registration form and fees have been received and processed. For further information call **707/664-4170.**

NAME:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ / _____

Home Phone _____ / _____

Birth Date _____ Age _____

LAST

CLASS NUMBER	CLASS TITLE	FEE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FOR OFFICE USE ONLY

Initials _____

Cash _____ Check _____

Visa/MC _____

Other _____

Total Paid \$ _____

By _____ Date _____

Name on Charge Card or Check: _____ Make CHECKS payable to: SSU

VISA/MasterCard Number _____ Expiration Date _____

REFUNDS: A \$25 nonrefundable processing fee is deducted for each class dropped two weeks prior to class start.

FIRST

Emergency and Medical Information Must be completed to be officially registered.

Please note order of notification:

Mother's Name _____ Father's Name _____

Work # _____ Home # _____ Work # _____ Home # _____

Designated Responsible Adult other than parents: _____

Relationship to Child _____ Phone # () _____

Name of Child's Health Plan _____ Membership Number _____

Family Physician _____ Phone # () _____

Special needs or physical conditions? Yes No If yes, please contact the Greenfarm Coordinator Jenny Parkinson at (707)664-3312

Medical problems, including allergies? Yes No If yes, please explain _____

(Inhalers, special medicine or bee sting kits must be carried by students at all times).

In the event of a health-related emergency, I authorize a staff member of Extended Education to take my child either to the above named physician, the on-campus Health Center, or the nearest Emergency Hospital for treatment and emergency measures deemed necessary for the safety and protection of my child. As a parent I agree to be responsible for costs to repair any SSU equipment damaged by my child, either intentionally or through reckless behavior. I also take responsibility for my child to comply with the GREENFARM guidelines.

Signature of Parent or Legal Guardian _____ Date _____

It is a possibility that a photo of your child may be used on our brochure or Web site. No names will be used on any photo or image of a child. If you object, please check the box.

CARPPOOL: If you don't want your phone number released check box

Special