

**ACE AFTERSCHOOL PROGRAM
REGISTRATION FORM (ONE STUDENT PER FORM)**

SCHOOL _____ **SESSION** _____
STUDENT INFORMATION

 First Name _____ Last Name _____ Age _____ Grade _____ Teacher _____

Transportation After Class: _____ On-Site Childcare _____ Walk _____ Bike _____ Parent _____ Other _____

Health Restrictions or Allergies: _____

 Parent / Guardian Name _____ Work/Cell Phone _____ Parent / Guardian Name _____ Work/Cell Phone _____

 Address _____ Zip Code _____ Home Phone _____ e-mail Address _____

Emergency Contact: _____ Home: _____ Cell: _____

Insurance company: _____ Policy Number: _____

CLASSES REQUESTED

_____	_____	_____	\$ _____	_____
Class #	Class Title	Day	Fee	Check #
_____	_____	_____	\$ _____	_____
Class #	Class Title	Day	Fee	Check #
TOTAL FEE:			\$ _____	

PLEASE ATTACH ONE CHECK FOR EACH CLASS –PAYABLE TO IPSF-ACE

Classes are filled on a first come first served basis. Registration for a class does not guarantee placement of your child.
PAYMENT: Make one check (s) payable to IPSF-ACE. Attach separate check for each class. Write class number and student's name on check. \$15 fee for returned checks. Tuition includes \$25 non-refundable program fee.

If you would like to sponsor a student for an ACE scholarship, please attach your tax-deductible donation on a separate check \$ _____

SCHOLARSHIPS: A limited number of scholarships are available for individuals who monitor class days and for families in financial need. Please pick up an application in the front office. Scholarships generally cover one half of the class tuition.

I have submitted paperwork to IPSF for a scholarship.
 I wish to be a monitor and receive a discount.

RELEASE FROM LIABILITY & CONSENT FOR TREATMENT: I agree to indemnify and hold harmless Irvine Public Schools Foundation and Irvine Unified School District and their officers, agents or employees from liability claim or action resulting from or in any way arising out of the participation in this activity by the registered person. I consent to treatment of my minor son/daughter to any and all medical care deemed necessary by a qualified physician and to pay any and all medical costs incurred as a result of said treatment. I will permit photographs, videotaping and surveys of my child taken during these classes to be used for publicity by authorization of the Irvine Public Schools Foundation. **I understand that I am responsible for my child before and after class.**

PARENT / GUARDIAN SIGNATURE **PRINT NAME** **DATE**





IRVINE PUBLIC SCHOOLS FOUNDATION Assistance Application for IPSF-ACE CLASSES

Directions: A limited amount of money is available to provide assistance. Please return this completed application to IPSF as soon as possible. An Assistance Review Committee will review your application and notify you within 3-7 business days. Please complete one form per student applicant.

ACE Class Scholarship:

Date of Application: _____ Program Cost \$ _____

Student's Name: _____

School: _____ ACE Class Title: _____

Teacher's Name: _____ Grade Level: _____

Parent/Guardian's Name: _____

Address: _____ Telephones: _____

Reason(s) for financial assistance request:

Monthly Gross Household Income: _____ Number of members in household: _____

Please attach a copy of any documents you have that might help us verify your family's income and eligibility for this scholarship. No applications can be processed without this information attached to this form.

Parent Signature _____ Date _____

Reviewer Signature _____ Date _____

Mail to IPSF-ACE Scholarships, 4330 Barranca Pkwy., Ste. 235, Irvine, CA 92604
Fax: (949) 651-8138
Questions: (949) 651-8128