



## Physical Education Registration /Agreement to Pay 2011-2012

**PLEASE NOTE:** Students must be officially registered with TLC in order to enroll in this program. These classes are offered through EMH Sports and Fitness Institute. **TLC will pay the cost of the program** for any K-12 students who enroll—Use of extended units is not needed to take these classes.

Although Physical Education classes are optional, once a student signs up for the class, weekly attendance is mandatory. **Registration form needs to be completed and signed by the 5<sup>th</sup> of each month to ensure placement in class that month.** If student misses more than two classes in a month parent will be responsible for payment.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Number City State zip

Select the EMH Class Location desired (**select ONE location only**): Must go ON-LINE and choose one.

- |   |  |
|---|--|
| <input type="checkbox"/> Chula Vista/Bonita | <input type="checkbox"/> Murrieta        |
| <input type="checkbox"/> Escondido          | <input type="checkbox"/> Rancho Bernardo |
| <input type="checkbox"/> Hemet              | <input type="checkbox"/> Riverside       |
| <input type="checkbox"/> La Mesa            | <input type="checkbox"/> Temecula        |
| <input type="checkbox"/> Lake Elsinore      | <input type="checkbox"/> Vista           |
| <input type="checkbox"/> Mission Valley     | <input type="checkbox"/> Other _____     |

I understand that if I miss more than two classes during the month, I will be disenrolled from the class.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that if my child/student misses more than two classes during the month, they will be dis-enrolled from the class and I will be responsible for payment of the class.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have informed parent/guardian and student of the class requirements, explaining that the student will be disenrolled from the class if they miss more than two classes during the month and that the parent will be responsible for payment.

**Educational Partner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that if a student does not meet requirements or misses two classes during the month they will be disenrolled. As the class instructor, I agree to release The Learning Choice Academy from any responsibility or liability.

**EMH Instructor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use ONLY:

IA Initials	Date Received	Date Reviewed	Initials
\$			
FMP #	Amount		