

PREPARING FOR ALF SUMMER SCHOOL REGISTRATION

During the registration process, we will ask for information and request that you make selections. You can prepare in advance by pre-reading the language of the choices and gathering the information together in one place. Here are some of the details:

Student Information - List

Name, gender, date of birth, home phone, address, grade in the fall, school attending in the fall

Parent/Guardian(s) Information - List

Name, relationship, cell phone, business phone, email, name of person with whom the student resides, if different

Disaster Release to Friend - Yes or No?

"In the event of a disaster, if parents or alternates are not available, my child may be released to an adult familiar to them."

Emergency Medical Authorization - List

Two emergency contact names and phone numbers, list of special needs, physician name, address and phone number

"IMPORTANT - Please list in the box any SPECIAL NEEDS, physical or behavioral; ALLERGIES, food or medication; MEDICATIONS REQUIRED; or any other issues that could warrant special help while on campus. If NONE, please indicate."

Photo Release - Yes or No?

"I authorize Assistance League of Flintridge to publish photographs taken of my minor children and their names, for use in the organization's publicity/advertising programs, including but not limited to printed publications, newspaper articles, website and social media."

LCUSD Technology Agreement - I agree, Yes or No?

"Students in certain classes and grade levels will have access to the Internet and basic computer functions. Each day, these students will need to sign into the school network with a district-provided username and password to conduct research and complete coursework. As a parent/guardian, I agree to comply with the [TK-6 LCUSD Student Internet and Technology Responsible Use Agreement, Dated 7-9-2019](#) or [7-8 LCUSD Student Internet and Technology Responsible Use Agreement, Dated 1-2019](#) while the student shown above is attending ALF Summer School."

Instrument Rental for Beginning Band, Intermediate Band or String Orchestra - I agree, Yes or No?

"Would you like to rent your instrument from Assistance League of Flintridge?"

If YES, a fee of \$50 will be added to your registration and your instrument will be at class on the first day.

Please read and accept the following instrument rental provisions:

- The parent agrees to be responsible for any damage to or loss of the instrument.
- The instructor must approve in advance any repair or replacement of an instrument.
- The parent agrees to return the instrument in the same condition it was received. Instruments must be returned during the week of July 15-19, or immediately if student is no longer enrolled in the program. Failure to return an instrument before the deadline may result in a \$50 Late Return Fee.

- The parent is responsible for providing replacement incidentals (strings, rosin, reeds, oil, cork, grease, etc.)

Yes, I agree to the terms and conditions stated above

* PRE-PAYMENT FOR INSTRUMENT RENTAL DOES NOT GUARANTEE AN INSTRUMENT WILL BE AVAILABLE FOR YOUR CHILD. IF AN APPROPRIATE INSTRUMENT IS NOT AVAILABLE, THIS INSTRUMENT RENTAL FEE WILL BE REFUNDED."

Tell a Friend - List

"Enter your friend's email address here and they will be notified of your class information."

How Did You Hear? - List

"How did you hear about our program?" Thank you for providing this. It helps our program.

Billing Information - Name, address, primary contact email, primary home number

"NOTE - All contact from ALF Summer School directly to parents, including emergencies and unreported absences, will be to this phone and/or email* address first. Please provide a number and email where someone can be reached during school hours. * Do not "unsubscribe" from Thriva/Activenetwork or informational emails may not reach you. Contact the ALF Programs Office at programs@alflintridge.org or 818-790-2211 if you have trouble with ALF emails."

Waiver - I accept

"EMERGENCY MEDICAL AUTHORIZATION - I am the parent/guardian of the above named student. In case I am unable to be reached during any emergency, I hereby authorize a representative of the Assistance League/program, pursuant to the provisions of Family Code section 6910, to act as my agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above named student.

I UNDERSTAND that my child must comply with Assistance League of Flintridge [BEHAVIOR STANDARDS](#) as detailed on the ALFlintridge.org website. Failure to comply could result in exclusion from the program without refund.

I UNDERSTAND that classes are subject to cancellation in case of insufficient enrollment.

I UNDERSTAND that there are NO PROGRAM FEE REFUNDS UNLESS A CLASS IS CANCELLED BY ASSISTANCE LEAGUE OF FLINTRIDGE."