

# University Parents Community 科大家長協會



## Programs Enrollment Form

Name: \_\_\_\_\_ Date of Birth (for child): \_\_\_\_\_

Session:  Fall (Sept-Dec)  Winter (Jan-Mar)  Spring (Apr-Jun)  Summer (Jul-Aug)

Program Name (s)	Day	Time
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
(if applicable) (if applicable)

Emergency Contact Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Adult Accompanying Child (if applicable): \_\_\_\_\_

UPC Membership No.: \_\_\_\_\_  
(For guest participants, please provide the UPC Membership No. of your host.)

For guest participants, please provide your mailing address:

---

Fees Enclosed:	Program 1	_____
	Program 2	_____
	Program 3	_____
	Program 4	_____
	Program 5	_____
	Total	_____

**Statement to be signed by participant or parent/guardian of child:**

**I request that this application for University Parents Community (UPC) Programs be accepted, and in so doing I agree to abide by the policies of the UPC and I will not hold the UPC, its officers or employees liable for any loss, injury, or damage to myself, my family members, or my property as a result of participation in UPC activities.**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

Last revised: June 12, 2010

For Office Use Only  
Date Received:

Date Processed:

Amount Paid:

Rept. No.