

Los Gatos – Saratoga Observation Nursery School
Summer Session 2017
REGISTRATION FORM

Parent #1 Name _____

Address _____ City _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

E-mail _____
(please print legibly)

Parent #2 Name _____

Address _____ City _____ Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

E-mail _____
(please print legibly)

Child's Name _____ Birth Date _____ Sex _____

Second Child _____ Birth Date _____ Sex _____

CLASS CHOICE*:	_____ M/W AM 9:30 - noon	(2- 5 years)	June 19 - July 19
	_____ M/W PM 12:30 - 3:00	(3-6 years)	June 19 - July 19
	_____ T/TH AM 9:30 - noon	(2 -5 years)	June 20 - July 20
	_____ T/TH PM 12:30 - 3:00	(3-6 years)	June 20 - July 20

Please answer the following questions:

Is your family currently enrolled at LGSONS? _____ If so, which class(es) _____

If not currently enrolled at LGSONS, has your family ever attended the school before? _____ If yes, which was the last class attended and when? _____

Do you have health forms on file with the school at this time? _____

Does your child have any food allergies or special needs that the teachers should be aware of? _____

If yes, please describe them in detail on the back of this form.

All parents who attend school with their child must supply a valid TB RISK ASSESSMENT OR NEGATIVE TB TEST RESULT and LiveScan fingerprint receipt (see attached form). Fingerprinting results may not be shared among agencies. If you have not been previously fingerprinted for LGSONS, you must do this prior to summer school starting. You must use the attached form for results to be received by correct agency.

*LGSONS maintains the right to cancel any class if minimum enrollment is not met. In this case, families will be offered space in another classes if available.

LGSONS operates under the auspices of LGS Recreation Department

LGSONS TUITION CONTRACT AND RELEASE IN CASE OF ACCIDENT OR INJURY

I have enclosed the appropriate tuition fee per child. Tuition is \$450.00 per child (checks payable to LGSONS).

I understand that if I drop from the summer program, my tuition will not be refunded until my place is filled.

I understand that if I choose to participate in a carpool arrangement, as a participant in the school, it is my personal responsibility to carry sufficient automobile insurance, in accordance with the State of California Financial Responsibility Law, and that the Los Gatos-Saratoga Observation Nursery School does not carry medical insurance or hospitalization insurance to cover expenses in case of accident or injury and that these costs would be borne by me.

I understand that the Los Gatos-Saratoga Observation Nursery School rents the Lakeside School Building and that Lakeside Joint School District, its officers, directors, employees, agents and volunteers are to be cleared of any responsibility in the event of an accident on their premises.

SIGNED _____

DATE _____

Mail registration form and check for tuition in full to:

**LGSONS
Summer School
P.O. Box 33091
Los Gatos, CA 95031**

(DO NOT email registration forms; they will not be received)



REQUEST FOR LIVE SCAN SERVICE

[Print Form](#)

[Reset Form](#)

Applicant Submission

A0683 Volunteer
 ORI (Code assigned by DOJ) Authorized Applicant Type
 Recreation Program Volunteer
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Los Gatos-Saratoga Community Education and Recreation Agency Authorized to Receive Criminal Record Information 123 E. Main Street Street Address or P.O. Box Los Gatos CA 95030 City State ZIP Code	03854 Mail Code (five-digit code assigned by DOJ) Veronica Rodriguez Contact Name (mandatory for all school submissions) 408-207-4911 Contact Telephone Number
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Applicant Information:

Last Name _____	First Name _____	Middle Initial _____	Suffix _____
Other Name (AKA or Alias) Last _____	First _____	Suffix _____	
Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number _____		
Height _____ Weight _____ Eye Color _____ Hair Color _____	Billing Number _____ (Agency Billing Number)	Misc. Number _____ (Other Identification Number)	
Place of Birth (State or Country) _____ Social Security Number _____	City _____ State _____ ZIP Code _____		
Home Address Street Address or P.O. Box _____			

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: _____
 (Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____	Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____	
City _____ State _____ ZIP Code _____	Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____	Date _____
Transmitting Agency _____ LSID _____	ATI Number _____ Amount Collected/Billed _____