



CAFC LEARNING CENTER

# STUDENT REGISTRATION FORM

Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
No. & Street Apt. or P.O. Box #  
\_\_\_\_\_  
City State County Zip Code

Student E-mail Address: \_\_\_\_\_

Last Name on Mailbox: \_\_\_\_\_

Date of Birth (Required): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female

School: \_\_\_\_\_

Grade: \_\_\_\_\_ High School Graduation Year: \_\_\_\_\_

School City: \_\_\_\_\_ School County: \_\_\_\_\_

Parent/Guardian 1:  Mother  Father  Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_ Cell: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_

Work Phone: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2:  Mother  Father  Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_ Cell: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_

Work Phone: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_ Cell: ( \_\_\_\_ ) — \_\_\_\_ — \_\_\_\_

*As the parent/guardian, I certify that the above student has my permission to participate in all CAFC scheduled programs. Should any incident occur involving improper conduct, he/she will be subject to disciplinary action that may result in expulsion.*

\_\_\_\_\_  
Print Name of Parent/Guardian Signature of Parent/Guardian Date

The nonrefundable registration fee for CAFC Learning Center is \$50. This payment is due with the completed registration form.

# 2016 Summer Program Electives

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

## Math

COURSE	DAY	TIME	SELECT
Pre-Agebla	M, W	8:45am - 10:45am	<input type="checkbox"/>
Agebla I	M, W	8:45am - 10:45am	<input type="checkbox"/>
Agebla II	M, W	8:45am - 10:45am	<input type="checkbox"/>
Geometry	M, W	11:00am - 1:00pm	<input type="checkbox"/>
Pre-Caculus	M, W	11:00am - 1:00pm	<input type="checkbox"/>
Caculus	M, W	11:00am - 1:00pm	<input type="checkbox"/>
SAT Math II	M, W	11:00am - 1:00pm	<input type="checkbox"/>

## English

COURSE	DAY	TIME	SELECT
Reading I	T, TH	9:00am - 10:30am	<input type="checkbox"/>
Writing I	T, TH	10:45am - 12:15pm	<input type="checkbox"/>
Reading II	T, TH	1:00pm - 2:30pm	<input type="checkbox"/>
Writing II	T, TH	2:45pm - 4:15pm	<input type="checkbox"/>
SAT Reading	T, TH	1:00pm - 2:30pm	<input type="checkbox"/>
SAT Writing	T, TH	2:45pm - 4:15pm	<input type="checkbox"/>
Grammar	T, TH	9:30am - 11:00am	<input type="checkbox"/>
Grammar	T, TH	1:30pm - 3:00pm	<input type="checkbox"/>

## Science

COURSE	DAY	TIME	SELECT
Physics	M, W	1:30pm - 3:30pm	<input type="checkbox"/>
Chemistry	M, W	1:30pm - 3:30pm	<input type="checkbox"/>
Biology	M, W	1:30pm - 3:30pm	<input type="checkbox"/>
AP Physics	M, W	3:45pm - 5:45pm	<input type="checkbox"/>
AP Chemistry	M, W	3:45pm - 5:45pm	<input type="checkbox"/>
AP Biology	M, W	3:45pm - 5:45pm	<input type="checkbox"/>

## Computer

COURSE	DAY	TIME	SELECT
Java I	T,TH	1:00pm - 3:00pm	<input type="checkbox"/>
Java II	T,TH	3:15pm - 5:15pm	<input type="checkbox"/>
USACO(B)	T,TH	5:30pm - 7:00pm	<input type="checkbox"/>
Web CI	T,TH	9:30am - 11:30pm	<input type="checkbox"/>

## BCA Prep

COURSE	DAY	TIME	SELECT
Math	M	8:45am - 10:45am	<input type="checkbox"/>
English	T	9:00am - 12:15pm	
Math	W	8:45am - 10:45am	
English	TH	9:00am - 12:15pm	