

**Sustainable Technologies and Environmental Ed. Event  
Registration and Personal Information FORM  
June 17- July 12, 2019 (8:30A~2:30P)**



**Participants will be considered based on the order that a complete packet (Registration and Personal Information Form, Payment, Participation, Waiver and Release of Liability Form and Acknowledgement and Assumption of Risk, and Emergency Health Information Form) is received.**

**Cost per participant for the 4 week event is \$325.00  
(includes lunch, educational material, instruction, etc.) Students may bring their own snacks.**

**Pay by: Cash ( ) Check ( ) (Payable to Guam Community College)**

**The deadline to submit original forms (registration and waiver of liability form) with full payment to the Continuing Education and Workforce Development Office (CEWD) is Monday, June 05, 2019. Contact Doris Perez at 735-5517 or Kiko Palacios at 777-8087 for more information.**

**Please PRINT all information**

**Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Last First MI Month/Day/Year

Gender: ( ) Male ( ) Female

School attending in SY18-19: \_\_\_\_\_ Grade in SY19-20: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
PO Box / Street Name City State Zip Code

Residential Address: \_\_\_\_\_  
House # /Apt # Street Name City State Zip Code

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home Phone#:** \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_ **Work Phone#:** \_\_\_\_\_

Email Address: \_\_\_\_\_ **Other Contact#:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Home Phone#:** \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_ **Work Phone#:** \_\_\_\_\_

Email Address: \_\_\_\_\_ **Other Contact#:** \_\_\_\_\_

**Student Lives with:** ( ) Both Parents ( ) Mother Only ( ) Father Only ( ) Guardian

**Guardian(s) Name (if applicable):** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

Please list below any other adult permitted to pick up your child besides a parent/guardian. Only those listed below will be permitted to pick up your child.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For the safety of your child:**

Please be ready to show some form of identification to a staff member when picking up your child. Also, please remind those who may also pick up your child that we require I.D. If someone not listed above is picking up your child, please send a written note on the day of pick-up