



2100 Leron Avenue
Rowland Heights, CA 91748-3945

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City of Industry, CA
Permit No. 4008

RECREATION DEPARTMENT GENERAL INFORMATION

Refund Policy: Please plan carefully as there will be **NO REFUNDS** unless the class is canceled by the Recreation Department. If class is canceled, an automatic refund will be processed with no service charge and mailed to you.

Make up Classes: There are **NO Makeup** classes if you miss a class. If a class is canceled due to weather or the instructor out ill, the Recreation Department will do its best to make the class up. The Makeup class will be made up at the end of the current session. If there are not enough extra weeks to have the makeup on its scheduled day, it will be scheduled on a different day of the week. If a makeup day is offered and you cannot attend there will be no refund or letter of credit.

Class Changes: No class changes will be made once a student is registered.

Parent Responsibility: Parent **MUST** be sure instructor is on site before leaving child and **MUST** be on hand **PROMPTLY** at the close of class to pick up child as instructor cannot be required to remain beyond class hours or be responsible for a child's safety outside the specified class time. **A CASH CHARGE WILL BE ASSESSED FOR EARLY DROP-OFF & LATE PICK-UP.** \$10 for the first 15 minutes, \$20 for 30 minutes and \$30 for 45 minutes.

Parents Do Not Wait In Classroom Unless Noted In The Brochure.

Ages and Ability Level: Ages for proper class placement are noted. Please register for correct age level. **PROOF OF AGE MAY BE REQUIRED.** Final decision of any changes will be made by the Recreation Department and/or instructor.

Clothing: Participants in physical activity classes should wear proper shoes and clothing. Children in dance classes need proper footwear. Instructors discuss apparel requirement at first class meeting.

Please Note: This brochure is printed weeks in advance of program beginning and changes in the schedule may occur. We reserve the right to make changes as necessary. Thank you for your understanding and cooperation.

The Rowland Unified School District does not discriminate on the basis of race, color, national origin, ethnic group identification, ancestry, religion, age, marital status, gender, sex, sexual orientation, physical mental disability, medical condition, and political belief or affiliation in admission or access to, or treatment of employment in, handicap, in its programs and activities including adult and vocational education.



2100 Leron Avenue • Rowland Heights, California 91748
Telephone: (626) 965-5975, ext. 1569 or 1567

MAIL TO: ROWLAND ADULT & COMMUNITY EDUCATION
2100 Leron Ave, Rowland Heights, CA 91748

MAKE CHECKS PAYABLE TO: Rowland Unified School District (RUSD)

Student Name: _____ Birthdate: _____ Age: _____ Class Location: _____

Class#: _____ Title: _____ Day: _____ Time: _____ Fee: _____

Student Name: _____ Birthdate: _____ Age: _____ Class Location: _____

Class#: _____ Title: _____ Day: _____ Time: _____ Fee: _____

NON-REFUNDABLE FEE: \$5.00 Total: _____

Address: _____ City: _____ Zip: _____

Telephone: (HM.) _____ (WK.) Mom / Dad: _____ (CELL): _____

Method of Payment: Cash Check Charge My: Visa/Mastercard/AmEx Account# _____

Signature: _____ CVC# on C.C. _____ Exp. Date: _____

A FULL REFUND WILL ONLY BE MADE WHEN A CLASS IS CANCELED BY THE RECREATION DEPARTMENT. Remember to **READ ... SIGN ... and DATE** the waiver below.

I voluntarily agree to participate or have my children participate in this program, including special events, excursions and recitals. I realize that every precaution is taken to eliminate any injuries or hazards and that a competent supervisor is present. However, in the event of any injury to myself or my child, I hereby waive, release and hold harmless from any liability for damages or claims for which may arise in connection with the above-named activities, against the Supervisor, Department of Recreation Personnel and the Rowland Unified School District.

PRINT NAME of PARENT / GUARDIAN / ADULT REGISTRANT: _____ DATE: _____

SIGNATURE: _____ EMERGENCY PHONE NO.: _____

EMAIL: _____ Parents Initials: _____

Please plan carefully as there will be NO CLASS REFUNDS or TRANSFER.



Rowland Adult & Community Education

RECREATION DEPARTMENT
RECREATION.ROWLAND.K12.CA.US

REGISTRATION / CLASS INFORMATION

***** ALL STUDENTS MUST BE REGISTERED AT THE RECREATION OFFICE BEFORE GOING TO ANY CLASS.**

***** ONLY PARENT OR LEGAL GUARDIAN MAY REGISTER STUDENTS** Please note beginning date/time of your class which is listed on your receipt. No confirmation of registration mailed. All session fees **must be paid at the time of registration regardless of attendance.**

A \$5.00 NON-REFUNDABLE FEE WILL BE ASSESSED ON EVERY REGISTRATION. Rowland Adult & Community Education Recreation Department reserves the right to cancel (without notice) any program due to lack of enrollment, in which case a refund will be issued. There will be **NO makeup** classes if you miss a class. Rowland Adult & Community Education-Recreation Office reserves the right to make changes of day, time, location or staff.

There will be NO IN-CLASS REGISTRATION. All registrations are to be processed at the RACE Office, Mail or FAX

REGISTRATION PROCEDURES

Walk-In: Rowland Adult & Community Office. 2100 Leron Avenue, Rowland Heights. Register during Recreation office hours. Fees can be paid in cash, check, Visa, Mastercard or American Express.

Mail-In: ALLOW ONE WEEK FOR DELIVERY BY MAIL. Use the Recreation Registration Form located on the back page of this flyer. Make check payable to: RUSD (Rowland Unified School District) A \$25 service charge is applied to all returned checks, sorry, no exceptions.

Mail registration form & check to: Rowland Adult & Community Education. 2100 Leron Avenue, Rowland Heights, CA 91748

FAX Registration: FAX to the Recreation Office (626) 854-1191 Register by FAX - 1:00pm-5:00pm (Once Registration Begins.) You must use your Visa, Mastercard or American Express credit card to pay registration fees. Parent must completely fill out registration form located on the back of the brochure (**PLEASE PRINT CLEARLY**) and sign for the Credit Card Approval, Liability Clause and initial Refund Policy. Please call the office (626) 965-5975 ext. 1567 or 1569, to confirm that we have Received your FAX and the class you registered for is still available.

REGISTRATION BEGINS:
Monday March 21, 2011 at 1:00pm
Until Classes Are Filled

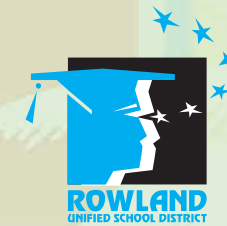
SATURDAY REGISTRATION:
April 2 & 9, 2011
at 9:00am-11:00am

RECREATION OFFICE HOURS:
Monday-Thursday: 1:00pm – 5:00pm
Friday: 12:30pm – 4:30pm

Coordinator-Colleen Bridgewater
Office Assistant-Dalmiro Navarro

OFFICE CLOSED
April 4-8, 2011

SPRING 2011
RECREATION CLASSES
Brochures available:
Wednesday March 2, 2011



BOARD OF EDUCATION

Heidi L. Gallegos, President
Judy Nieh, Vice President
Cary C. Chen, Clerk
Robert F. Hidalgo, Member
Gilbert G. Garcia, Member

MISSION

The mission of the Rowland Unified School District, the progressive international community united in learning, is to empower students so that each actualizes his or her unique potential and responsibly contributes to a global society, through a system distinguished by rigorous academics, innovative use of technology, creative exploration, and nurturing learning experiences.

VISION

"The Rowland Unified School District promotes, expects, and accepts nothing short of excellence. We have collective commitment to be the best school district in California."

CORE VALUES

Integrity • Respect • Safety
Student-Centered Focus • Excellence
Responsibility with Accountability



