2009 Community Education Registration Form

Adult Name_____ Email _____
Address _____ City, State, Zip _____
Home Phone _____Work _____ Cell _____

Student Name _____Grade_____ Age_____ Birthdate_____
Any special needs, allergies (food or other) or health issues the instructor should be aware of: ___
_____
After activity student will: ☐ Parent/Guardian pick-up ☐ Walk/Bike Home ☐ KIDSTOP/Kid's Club
Child's school: _____

CLASS/EVENT #	CLASS TITLE	FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO PAY BY CREDIT CARD

Name on Card: _____ TOTAL: _____

CC# _____ Visa Mastercard
NUMBER 3-DIGITS (on back) EXPIRATION

Statement of Release: I agree to release District 47 Public Schools, Community Education and its employees of all liability related to accidents or injuries which I or a member of my family might incur while participating in the activities listed above.

_____
Adult Signature

Make Checks Payable to:
Community Education
Mail payment and form to:
Community Education
901 First Street S. Sauk Rapids, MN 56379
Office Phone: 258-1577

For Office Use Only
$_____ Cash/Check
$_____ Credit Card
Date Paid_____
Rcvd By _____
Receipt # _____

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