

Community Education Registration Information

How to Register

By Mail:

Community Education
901 First Street South
Sauk Rapids, MN 56379

By Phone

Phone: (320) 258-1577

In-person:

SRR Middle School, Door 2 (Buzz in)
901 First Street S, Sauk Rapids

Online:

www.SaukRapidsRiceOnline.org
Visa, Mastercard, or Discover

Registration Policies

All courses are open to the public. Registrations accepted up to the first date of class provided there's no early deadline, minimum enrollment is met and space is available. Unless you are notified, all courses will be held as scheduled.

Refunds

Community Education reserves the right to cancel a course due to insufficient enrollment. When a course is cancelled, we will notify you and a full refund will be given.

Refunds may be requested up to two business days prior to the first class date and are subject to a **\$5 service fee per person, per program.**

For courses that meet more than once, refunds will not be given for individual dates the participant does not attend.

Scholarships

Scholarships will be granted for **District 47 residents** in need of assistance to participate. Some exceptions apply; call (320) 258-1577 for details. All inquiries are confidential. No forms required.

Discounts

Senior Adults

Seniors, age 62 and over, who are residents of District 47, may register for most courses* at 25% off the regular price, less any materials.

Disabilities

Individuals with a disability may register for most courses* at 25% off the regular price, less any materials.

UCare

Members can get up to a \$15 discount on most Community Education classes offered, including a variety of fitness and wellness classes. Members simply show their UCare ID card when registering to receive the class discount.

Limitations and restrictions may apply. Members must be enrolled at the time of the session to receive the discount.

Community Education Registration Form

Adult/Parent Name _____ Email _____

Address _____ City, State, Zip _____

Home Phone _____ Work _____ Cell _____

Shirt Size (if applicable): YOUTH: S M L ADULT: S M L XL XXL

Youth Name _____ Grade _____ Birthdate _____

Any special needs, allergies (food or other) or health issues: _____

Emergency Contact Name _____ Phone _____

After activity student will: Parent/Guardian Pick-up KIDSTOP/Rice Kids Club Walk/Bike Home

Child's Teacher: _____

Class/Event #	Class Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO PAY BY CREDIT CARD	Name on Card: _____	Total: _____
	CC# _____	_____
	Number	Exp. Date

Visa MC Discover

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