

Community Education Registration Form

District Program Center, 8400 E. Point Douglas Road S., Cottage Grove, MN 55016-3324

Phone: 651-425-6600, FAX 651-425-6620, www.cecool.com

•For Office Use Only•

Date _____ Amt Pd _____

Mail _____ Walk-in _____ Fax _____

Chk# _____ CashRcpt# _____

Please complete a separate form for each participant with a different last name or address. Forms can be printed at www.cecool.com

Check here if you have: a new address a new phone number a new email

Participant's Name _____ Birthdate _____
 First Name Last Name

Address _____ Apt/Unit# _____ Home Phone (_____) _____
 (Home not Cell, for database ID purposes)

City _____ State _____ Zip _____ Work or Cell (_____) _____

Adult's e-mail _____ Gender: ___ Male ___ Female

For Youth Registrations

Mother/Guardian _____ Work or Cell (_____) _____

Father/Guardian _____ Work or Cell (_____) _____

Grade in 16/17 _____ Special Needs* _____ Shirt Size _____ Instrument _____
 (if included) (if required):

* Individuals with special needs are welcome to register for our classes and camps. Please note on your registration any needs your child may have or call 651-425-6600 if your child needs assistance to participate successfully and allow at least a two week notice for us to make assistance arrangements.

Course Number	Course Title	Class Date	Class Fee	Discount	Final Fee

Make checks payable to: District 833 Community Education

Total:

- **Swimming** - list first four choices in order of preference. Confirmations sent.
- **Seniors 60 years or older** may take a 20% discount on most Adult Enrichment classes. (Use promo code "senior20" for online registration.)

To Help Us Serve You Better:

What is the racial/ethnic group of the registrant?

Racial Category

___ American Indian/Alaskan Native ___ White
 ___ Asian & Pacific Islander ___ Two or more
 ___ Black or African American ___ Other or unknown

Ethnic Category

___ Hispanic or Latino ___ Not Hispanic or Latino

Collecting this information helps us to provide programs and services that meet the needs of our entire community.

Charge my:



_____ - _____ - _____ - _____

Exp. Date: _____ Signature _____



Community Education

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 Cottage Grove, MN 55016 - 3324

Choose the most convenient method for you:

Visit www.cecool.com | Fax this registration form to 651.425.6620 | Mail or hand deliver your registration
 Office Hours: 7:30 - 5 PM or use the drop box to the left of the main doors

REGISTRESE CON CONFIANZA! Tenemos ésta forma en Español!

Buscando Diversión, Excelencia y para hacer algo Significativo. Donde el aprendizaje revive!
 Si usted tiene alguna pregunta ó preocupación, por favor llámenos al (651) 425-6600