

PROGRAM REGISTRATION FORM



PARENT/GUARDIAN/ADULT PARTICIPANT NAME: _____

HOME PHONE: (____) _____

STREET ADDRESS: _____

WORK PHONE: (____) _____

CITY: _____

CELL PHONE: (____) _____

STATE: _____ ZIP: _____

HOME LANGUAGE: _____

EMAIL ADDRESS: _____

By giving us your email we can notify you of program changes, cancellations, and new programs that will interest you and your family. Your email address will not be shared with any other organization. You will not be spammed.

Check this box if you wish to opt out of program updates via email.

EMERGENCY CONTACT NAME / RELATION (if different from above): _____ EMERGENCY CONTACT PHONE: (____) _____

PARTICIPANT'S FIRST & LAST NAME	M/F	DATE OF BIRTH	CLASS NAME	CLASS #	COST
TOTAL COST					

HOW DID YOU HEAR ABOUT US?

- Catalog
- Flyer
- Website
- Email
- Facebook
- Word of Mouth
- Other _____

PAYMENT INFORMATION

- MasterCard
- Visa
- Discover
- Check: # _____ (Payable to "District 622")

Card Number: _____ - _____ - _____ - _____ Exp. Date: ____ / ____

Signature: _____ Date: _____

***Photos:** Participant/student pictures will be included in school district publications and online. However, any participant/student or parent may request that photos not be published. If you do not want your/your child's photographs used, please contact our office.