

# Westport Continuing Education

winter / spring 2020

## Registration Form

Today's Date: \_\_\_\_\_

### Adult Division & Parent Information:

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Student Division K-12

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian 2 Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

*Please indicate* Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_

Name of Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

For office use: winter / spring 2020 Name:

Course No.	Title	Start Date	No. of Sessions	Time	Location	Fee
Westport senior (62 or older) <input type="checkbox"/>						Registration fee: \$10 / \$5 for Westport seniors
					<b>Total</b>	

Registration fees do not apply to one-session courses. There is no registration fee for online registrations.

Payment Type:  MasterCard  VISA  Check payable to Westport Continuing Education

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Address (if different than mailing address) \_\_\_\_\_

Cancellation / Refund Policy: see page 30 or [westportcontinuinged.com](http://westportcontinuinged.com)

Mail: WCE, 70 North Avenue, Westport CT 06880 Drop-Off: Staples High School, Room 1040