



# Westport Continuing Education

[www.westportcontinuinged.com](http://www.westportcontinuinged.com)

## Registration Form

Westport Continuing Education : Fall 2019

For office use **Fall 2019 - Name:**

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

Name \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Registrants in grades K-12, please complete this section.**

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Names of Parents / Guardians \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Please list:**

Health Problems \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Course No.	Title	Start Date	No. of Sessions	Time	Location	Fee
<b>Westport senior (62 or older) <input type="checkbox"/></b>						<b>Registration fee: \$10 / \$5 for Westport seniors</b>
					<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 34 or check our website.**

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