

Registration Form

Westport Continuing Education : Winter / Spring 2019

For office use Winter / Spring 2019 - Name:

Today's Date _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

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
Westport senior (62 or older) <input type="checkbox"/>						Registration fee: \$10 / \$5 for Westport seniors
Total						

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) _____

Refund Policy: see the inside back cover of our catalog or check our website.

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