

EDINA FAMILY CENTER – CLASS REGISTRATION 2011-2012

____/____/____
Today's Date

Questions?

elaregan@edina.k12.mn.us

Child's Last Name _____ Child's First Name _____

Birth Date ____/____/____

Parent(s) _____

Male Female

Street Address _____

Home Phone _____

City _____ State _____ Zip _____

Work Phone _____

E-mail Address _____

Cellular Phone _____

FOR OFFICE USE ONLY	EN/WL	Class #	Days	Times	Class Fee	Non-Refundable Registration Fee	Total	Sibling Care	Adult Attendee
	_____	_____	M T W Th F S	____:____ - ____:____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
	_____	_____	M T W Th F S	____:____ - ____:____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
	_____	_____	M T W Th F S	____:____ - ____:____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Non-Resident
 Scholarship
 Payment Plan
 Employee Discount
 UCare _____

Payment Method:
 VISA
 MasterCard
 Check # _____
 Cash
 Gift Card _____
 Amount \$ _____

VISA/MasterCard # ____-____-____-____

Exp Date ____/____

Signature: _____

IMPORTANT!
Please complete the reverse side of
this registration form. Thank-you.

I authorize Edina Family Center to charge my Visa/MasterCard for the remaining of the 2011-12 school year fees. **(OVER)**

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Child's Last Name _____ Child's First Name _____ Birth Date ____/____/____

Data Privacy: Class lists are distributed during the first month of classes to class participants. I give permission for my e-mail address, phone numbers, child's name and date of birth to appear on the class list? Yes No

Are there any **SPECIAL NEEDS** we should be aware of? (please explain) _____

Are there any **ALLERGIES** we need to be aware of? (please list) _____
