

## EDINA COMMUNITY EDUCATION CLASS REGISTRATION

Check one <small>*Dob, age, grade, school required for Youth registrations</small>	Adult	Youth	DOB*	Age*	Grade*	School*
Participant's Name						
Address						
City		Zip		Home Phone		
<b>Parent Names/Emergency Contact (Required for participants under age 18)</b>						
Name & Phone			Name & Phone			
E-mail address: 1.			2.			
Course #	Course Title	Start Date	Time	Tuition		
				Total		
Payment Choose one:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit	Exp # _ _ _ _	Code # _ _ _	Visa <input type="checkbox"/>	MC <input type="checkbox"/>	
		Cardholder name _____				
		Card # _____				

**Signature:**

*By registering for these classes, I give permission for my child/myself to be included in photos or videos of activities that may be used in school district publicity and any media coverage printed or electronic.*

### How to Register

**Online:**  
www.edinacommunityed.org

**Mail:**  
Mail registration form & payment to:  
Edina Community Education Services,  
5701 Normandale Road,  
Edina, 55424-1530

**Fax:**  
952-848-3951

**Email:**  
[comedu@edina.k12.mn.us](mailto:comedu@edina.k12.mn.us)

Office hours:  
Mon-Fri, 8 am-4:30 pm

Make checks payable to:  
Edina Public Schools