

Community Education Registration Form

(Please 1 REGISTRATION FORM PER PERSON)

Participant Name: _____

Address: _____ City: _____ Zip code: _____

E-mail address: _____
(email is NECESSARY for updates and notifications of class information)

Phone: home _____ Work _____ Cell _____

1. Class/Activity Title: _____
Date _____ Fee _____ Session(if applicable) _____

2. Class/Activity Title: _____
Date _____ Fee _____ Session(if applicable) _____

3. Class/Activity Title: _____
Date _____ Fee _____ Session(if applicable) _____

How will your child be getting home after class/activity is complete(who will pick up)? _____

Where will my child be picked up & dropped off at (bus trips only)? _____

TOTAL AMOUNT ENCLOSED: _____ CHECK #(s) _____

PARTICIPANT EMERGENCY CONTACT INFORMATION

STUDENT GRADE: _____ AGE: _____ ALLERGIES: _____

PERTINENT MEDICAL INFORMATION: _____

1. PARENT/GUARDIAN/RELATIVE/FRIEND NAME: _____

PHONE: _____ CELL PHONE: _____

2. PARENT/GUARDIAN/RELATIVE/FRIEND NAME: _____

PHONE: _____ CELL PHONE: _____

RETURN FORM TO:
NRHEG Community Education
306 Ash Ave. South, New Richland, MN 56072

Make checks payable to:
NRHEG Community Education. Please
send separate checks for sports/trips &
enrichment classes

You will be registered when the
payment is received. If the class is
cancelled, all checks will be returned.