

**Chisago Lakes Community Education Registration Form**  
**Please make checks payable to “Chisago Lakes Community Education”**

<i>Home Phone</i>		<i>Work/Cell Phone</i>		<i>Email Address</i>	
<i>Mailing Address</i>			<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Youth Registrations Only:</b>					
<i>Parent/Guardian</i>			<i>Work/Cell Phone</i>		
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<i>Participant's Name</i>	<i>Class #</i>	<i>Class Name</i>	<i>Start Date</i>	<i>End Date</i>	<i>Start Time</i>	<i>Class Fee</i>	<i>Gender M/F</i>	<i>Youth Registrations Only</i>						
								<i>Age Range</i>	<i>Birthdate</i>	<i>Grade</i>	<i>School</i>	<i>Teacher</i>		
								0-5						
								6-8						
								9-19						
								20+						

Please list any information our staff should be made aware of (i.e. disability, allergy, special needs): \_\_\_\_\_

ECFE siblings who will be needing care (not available for field trips or one session classes): Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_

<i>Credit/Debit Card Total: \$</i>	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<b>Office Use Only</b>
<i>Account #</i>	<i>Expiration Date</i>			<i>Date</i>
<i>Credit Card Signature</i>	<i>Date</i>			<i>Check #</i>
<b>UCare Members Only:</b>				<i>Cash</i>
<i>UCare Member ID#</i>	<i>UCare Member Discount (Up to \$15/class)</i>			<i>Tot. Rec'd</i>
				<i>Rec'd By</i>
				<i>With</i>
				<i>Entered</i>

Please return to Community Education/Family Center (Highway 8 & Akerson) or mail to 13750 Lake Blvd., Lindstrom, MN 55045 (651) 213-2600 Phone (651) 213-2094 FAX. (If you need to cancel, notify us at 213-2600 at least 3 working days before class begins. We will refund the class fee, minus a \$3 processing fee. Full refunds will be issued for classes that are full or canceled. Refunds will not be given after the class has started.)