HOW TO USE THIS CATALOG

Classes are assigned a Course Number (#). Refer to this number and class title when registering.

Beginning Date

Special information regarding the class.

a = a.m.

p = p.m.

Class is held at this location. Addresses are listed on page 97.

Checks payable to ISD# 625

Calligraphy (Beginning)
Learn the art of beautiful lettering. We will study informal italic for creating cards, invitations and gifts.
Instructor: J. Michalski
Course# 9998-W08DA **Location:** Ramsey Jr
Tu Jan 22, 6:30p-8:30p **Ses:** 7 **Fee:** $48
• $10 supply fee, payable to instructor. No class March 4.
To register, call Highland/Mac/Grove C.E.....651-293-8874

Register at this Community Education Office and telephone number.

To register in person or by mail, please refer to the name of the site and telephone number listed at the bottom of each class offering. This is the site that is taking the registration but may or may not be where the class is held. Community Education Office addresses are listed on page 96.

Note: Registration for Parks and Recreation winter activities are accepted upon receipt of this catalog. You may register for Parks and Recreation activities by telephone, in person or online. Check with the recreation center offering the activity. The best time to contact most recreation centers is weekdays after 3 p.m.

Name: _____

Address: _____

City: _____ Zip:_____-_____

Phone: Work ____ - ____ - _____ Eve ____ - ____ - _____

E-mail: _____

❑ Adult 18-54 ❑ Senior 55+ ❑ Youth 6-17 ❑ Child 0-5	❑ Male ❑ Female ❑ Special Needs

Course# **Title** **Begin Date** **Time** **Fee**

_____

_____

_____

UCare discount $_____

Total (minus discount) $_____

Youth: Date of Birth: _____/_____/_____ Age:_____

Grade:_____School: _____

Parent Name: _____

Payment:

❑ Cash ❑ Check ❑ Visa ❑ MasterCard ❑ Discover

❑ Credit Card# __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date: ____/____

Card Holder Name: _____
(Leave blank if same as registation)

❑ UCare

Medical Record# _____ - _____

Employer's Name: _____

Saint Paul Public Schools Community Education will not hold classes: January 21 and February 18 • March 4 after 6:00 p.m.

Name: _____

Address: _____

City: _____ Zip:_____-_____

Phone: Work ____ - ____ - _____ Eve ____ - ____ - _____

E-mail: _____

❑ Adult 18-54 ❑ Senior 55+ ❑ Youth 6-17 ❑ Child 0-5	❑ Male ❑ Female ❑ Special Needs

Course# **Title** **Begin Date** **Time** **Fee**

_____

_____

_____

UCare discount $_____

Total (minus discount) $_____

Youth: Date of Birth: _____/_____/_____ Age:_____

Grade:_____School: _____

Parent Name: _____

Payment:

❑ Cash ❑ Check ❑ Visa ❑ MasterCard ❑ Discover

❑ Credit Card# __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

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