

RETURN TO THE COMMUNITY EDUCATION OFFICE AT THE SCHOOL YOU  
WISH TO ATTEND

\*Name \_\_\_\_\_ Birth date \_\_\_\_\_  
(First) Middle (Last)

\*Address \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Class Start Date \_\_\_\_\_ Parent Signature \_\_\_\_\_  
(Required)

If there are any special health concerns, please explain \_\_\_\_\_

\_\_\_\_\_

I authorize payment to be charged to my credit card \_\_\_\_\_  
Cardholder signature

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_