Community Education Registration Form

Parent/Guardian Name	Primary Email Address				
Home Phone Address	Day Phone		Other Phone		
		_City	State	Zip	
Signature (Adult participant or Parent/Guardian Schools Community Education does NO participants in any of its programs or ac inherent risk of injury resulting from the activities.	if under 18) Northfield Public T provide accident insurance for tivities. Participants assume all	photograph including s	bs of classes or programs to us	nity Education often takes we in brochures and on the web, ant pictures of you or your child 549.	
I am paying by cashche	ck # (payable to C	Community Edu	ucation) MasterCard	_Visa Discover	
Credit Card #	-	-	Expiration Date _	/(MM/YY)	
Name as it appears on card		Cardhold	ler Signature		

If you qualify for free or reduced meals provided by Northfield Public Schools, and are 0 – 18 years of age, you are eligible for a scholarship toward your Community Education classes. All participants will pay a percentage of the fee. Call 507.664.3649, visit our website online at northfieldschools.org or stop by our office at 700 Lincoln Pkwy, to register.

We want everyone to be able to participate in our programs – help make it possible by donating to the Northfield Public Schools Community Education Scholarship Fund. I'd like to contribute \$______ to the scholarship fund.

Complete for Youth and Adult Registrations – Registration begins immediately Class # Class Title Name of Participant Birth Date Grade in School Fee Image: Image of Participant Image of Part

Complete for Early Childhood Family Education Registration – Registration begins immediately							
Class #	Class Title	Child/ren Attending	Parent/s Attending	Birth Date	Fee		

Please mail or return this form to:

Northfield Public Schools Community Education 700 Lincoln Pkwy Northfield, MN 55057