



Niagara Wheatfield Community Education

CLASS REGISTRATION FORM

MAILING ADDRESS: Niagara Wheatfield CSD Community Education ATTENTION: Community Ed Coordinator P.O. Box 309 Sanborn, NY 14132		WALK-IN ADDRESS: Niagara Wheatfield CSD 5700 West Street Sanborn, NY 14132		PHONE: (716) 215-3034 Last minute registration or problem registering? Contact the Community Ed Coordinator!	
First Name			Last Name		
Street Address					
City		State		Zip	
Email address		Home phone		Cell Phone	
HOME SCHOOL DISTRICT:			Would you like to be part of our N-W Community Education mailing list? YES <input type="checkbox"/> NO THANKS <input type="checkbox"/>		

***NOTE: We are asking participants for a one-time registration fee of \$5 to help defer the costs associated with providing Community Education! Please add this \$5 fee to your "TOTAL PAYMENT".
AND THANKS FOR SUPPORTING COMMUNITY ED!**

COURSE NAME	START DATE	END DATE	FEE
*ONE-TIME REGISTRATION FEE: \$5.00			\$5.00
1.			
2.			
3.			

Payment type: Money order Check number _____ TOTAL PAYMENT: _____

Include an additional form if you are taking more than 3 classes with us...and THANKS!

I have read the cancellation and refund policy found in the "Frequently Asked Questions" section of the brochure and/or online at <http://www.nwcsd.org/domain/77> and fully understand the policies, procedures, and deadlines for N-W Community Education.

Signature: _____ Date: _____

If under the age of 18 years, must be signed by parent/legal guardian

PLEASE COMPLETE THE "WAIVER and RELEASE" AND ATTACH IT TO YOUR REGISTRATION FORM