

Registration Information

All classes in this brochure are sponsored by Community Education of Spring Lake Park Schools. Register using the Class ID and Class Name for each program. These are in bold type and begin with CE followed by a code specific to each class..

Colleen Pederson, Director • Pete Yelle, Youth Development • Neil Brown, Youth Programs

Online

Set-up you own secure personal account for class registration using a VISA, MasterCard or Discover. You may already have a personal log-in code from a previous registration - be sure to remember this code for all registrations online. If you need to have your log-in code sent to your email address, please call 763-786-1338. To register online, go to www.springlakeparkschools.org/ce

By Post

Send the registration forms to Community Education, 1415 81st Ave. NE Spring Lake Park 55432

Be sure to include class codes and ID numbers on registration form.

In Person

Community Education is located in the District Services Center, 1415 81st Ave. NE, Spring Lake Park, MN 55432. Summer Office hours are 7:30 AM-4:00 PM, Monday- Friday.

Registration/Confirmation Information

- We do not send confirmation letters or phone calls. Classes registered with an email address will receive an automatic electronic confirmation.
- Participants will be notified if a class is filled or canceled.
- If a class is full, registrant will be placed on a waiting list and notified when an opening is available
- A \$5 processing fee is charged for participant requested refunds. No refunds are made one week prior to class; participant may request to be placed in an alternate class.
- Community Education classes are canceled if District 16 schools are closed for inclement weather or other emergency.

Summer 2010 Registration Form

Return by mail or in-person to Community Education, 1415 81st Ave. NE, SLP 55432 or online at www.springlakeparkscomservices.com (Do not use this form to register for Summer Driver Education - please use the special Driver Education form available online at www.springlakeparkschools.org/ce)

Participant's First Name	Last Name	Birthdate	Street	City	ZIP
Home phone number	parent work #	Cell phone #	grade Fall 2010-11	school in Fall 2010	
Indicate age category: <input type="checkbox"/> 0-5 years <input type="checkbox"/> 6-18 years <input type="checkbox"/> 19-55 years <input type="checkbox"/> over 55 years					
Class ID _____		Name of Class _____		Dates/times _____	
Starts with CE		required for Swim Lessons			
T-shirt size: <input type="checkbox"/> Child S <input type="checkbox"/> Child M <input type="checkbox"/> Child L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL					

I give permission for this child to participate in the above Summer 2010 activity. In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the agency providing this activity and its representatives, successors, and assigns for any and all injuries suffered by myself or my child while participating in this activity.

Parent or guardian signature (required) _____
date signed

e-mail (to receive confirmation communication) _____

Visa/MasterCard # _____ / _____ **Make checks payable to Community Education**
or Discover expiration MM YY