SALINE COMMUNITY EDUCATION REGISTRATION FORM

☐ **Check here to receive updates on our programs and classes via email**

❑ **Check here if any information is new**

Parent/Guardian

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email Address _____

Participant

First/Last Name	Gender	Birth Date	Grade (Fall 2009)	Session ID	Fee
				Total	

Additional Comments (allergies, shirt size if needed, etc.) _____

Method of Payment VISA MASTERCARD CHECK CASH

Card# _____ Expiration Date _____

Name on card _____

Please make checks payable to: **Saline Area Schools**

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