

Wando Community Education Class Registration Form

Date _____

Adult Class Youth Class

Name 1 (*Child's name if youth class*): _____

Name 2 (*Child's name if youth class*): _____

Parent Name (*if youth class*): _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

I give my permission for Wando CE to contact me via email with class listing information (Three times per year).

Course _____ Fee: _____

Course _____ Fee: _____

Course _____ Fee: _____ Total: _____

Check # _____ Payable to: Wando CE, 1000 Warrior Way, Mt. Pleasant, SC 29466

You may register by paying with a credit card (Visa or MasterCard).

Call 881-8273, adult classes 881-8274, youth classes.

Comments: _____

For youth classes only:

School location: _____ Teacher: _____

Please be prepared to show a photo ID upon picking up your child. After class, my child will:

- Stay at Kaleidoscope
- Parent Pick-up
- Walk/Bike (written permission required)
- Other: (authorized person: _____)

Allergies or Medical Concerns: _____

For further information contact Ashley Peters, Program Manager at 881-8274.