

Because we are contracted by the school district, this form must be turned in with each monthly dues.

Capistrano Community & Adult Education Registration Form

(NO REFUNDS)

Name: _____ Date: _____/_____/05
Last Name, First Name

Phone/ Home: (____) _____ Work: (____) _____ Cell: (____) _____

Address: _____
Street Number / City / ZIP

Date of Birth: _____/_____/_____ Email Address: _____
Month / Day / Year

COURSE #	CLASS TITLE	MONTH	LEVEL	FEE	LOCATION
					DHHS
					DHHS

PLEASE BE SURE TO NOTE THE DATES AND TIMES ON YOUR CALENDAR.

Parent's Name (if student is a minor) _____

In case of emergency notify: _____
(Name, Address & phone)

TO CHARGE TO CREDIT CARD

MASTERCARD OR VISA ONLY: Account No. _____ - _____ - _____ - _____

Credit Card Authorization Signature

Expiration Date