

REGISTRATION FORM

Enrichment Program Registration Form: Phone-In, Mail-In, or Walk-In

Phone-In Registration with credit card: 248-726-3165

Make check payable to: Rochester Community Schools, mail to Enrichment Department,
52585 Dequindre Rd., Rochester, MI 48307

Cash – Walk-in only (must be the EXACT AMOUNT)

Check/Credit Card – Mail-in or Walk-in Make checks payable to: Rochester Community Schools (or RCS)

One registration form per person.

When registering online please enter an adult as household.

Students will then be added as additional family members.

Adult/Parent/Guardian: _____

Name of student taking class: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Additional Phone: _____

Emergency Contact Name #1: _____ Emergency Phone #1: _____

Emergency Contact Name #2: _____ Emergency Phone #2: _____

Email (required if you want a receipt): _____

Birthdate for Adult/Parent/Guardian: _____ Senior Citizen: Yes No

Birthdate for Child: _____

Gender of Adult: Female Male Gender of Student: Female Male

Allergies/Medical (If any): _____

Please fill out grade and school for both BASES and Intramural

Grade: _____ School: _____

Teacher's Name: _____

Please fill out below if flyer specifies the need for a t-shirt size, otherwise information is not needed

T-shirt Size (youth sizes): Small Medium Large X-large

Course Number/Class Name	Time	Start Date	Amount Paid
Course Number: Class Name:			
Course Number: Class Name:			
Course Number: Class Name:			

Check #: _____ OR



Name as it appears on Credit Card: _____

Credit Card Number: _____/_____/_____/_____ EXP Date:_____/_____/_____ CVV3-4 digits:_____