

SoWashCo Registration


COMMUNITY EDUCATION


 Register online at sowashco.ce.eleyo.com

 Register by mail, fax or in-person
 District Program Center
 8400 E Point Douglas Rd. S
 Cottage Grove, MN 55016

Hours: Monday-Friday
 7:30 a.m.-4 p.m.

Fax: 651-425-6620

 **Drop off** your form in the secure drop box located to the left of the main doors.

 **Questions?**
 Call 651-425-6600 or email communityeducation@sowashco.org

Policies and Procedures

Learn more at commed.sowashco.org

Cancellations and Refunds

Cancellations made at least seven business days before the course start date will be refunded. A processing fee of \$5-\$10 will apply. Procedures for Early Childhood Family Education, Preschool and Kids Club are program-specific. Learn more at commed.sowashco.org/cancellations.

Register early to ensure your space in class and to avoid course changes or cancellation due to low enrollment.

Inclusive Programming

Our programming is designed to be fun, welcoming and inclusive for all. Please let us know two-weeks before the course start date if any accommodations are needed to participate.

Financial Assistance

Families who qualify for Educational Benefits may request fee assistance to reduce the cost of youth activities and classes. Restrictions apply. Learn more at commed.sowashco.org/financial-aid.

UCare is not accepted.

Media Opt-Out

Photos and video may be taken within SoWashCo Community Education programs and activities and may be included in media created by the district or community partners. Media includes, but is not limited to, interviews, photos and videos. If you wish to opt-out, notify us at communityeducation@sowashco.org or 651-425-6600.

Participant's full name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____
Home Cell Work

Email _____

Please provide an email address to receive program information including course confirmations, schedule updates or course cancellations.

Accommodations ASL Interpreter Allergies _____
 Wheelchair/Walker Other _____

Call 651-425-6600 if you or your child require additional assistance or if you have further concerns. Please provide a two-week notice for staff to arrange for assistance.

Emergency Contact A minimum of one guardian/emergency contact is required to register for youth courses or adult trips.

Full name _____ **Phone** _____

Full name _____ **Phone** _____

Youth If the participant is a child, please provide the following information.

Date of birth _____ **Grade** _____

Shirt size or instrument (if applicable) _____

Course Information

Course name _____ **Course fee** _____

Course # _____ **Start date/time** _____ **Discount** _____

Final fee _____

Course name _____ **Course fee** _____

Course # _____ **Start date/time** _____ **Discount** _____

Final fee _____

Course name _____ **Course fee** _____

Course # _____ **Start date/time** _____ **Discount** _____


Final fee _____

Total cost _____

Payment Information

Cash **Check** (Payable to District 833 Community Education)

Credit card, please charge my:

_____ - _____ - _____ - _____

Expiration date _____ **Signature** _____

Print name _____

Office use only Mail Walk-in Fax Date _____

Check # _____ Cash Receipt # _____ Amount Paid _____