SoWashCo COMMUNITY EDUCATION Registration

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.

Office use only

❑ Mail ❑ Walk-in ❑ Fax

Check #_____

Cash Receipt #_____

Date_____

Amount Paid _____

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 _____ **Age** _____

School Attending _____ **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 _____

_____

Sign above to confirm that you have read and agree to:

- Community Education Program Agreements
- Any applicable waivers for the courses you've listed above.

Waivers can be found at commed.sowashco.org/about-us/how-to-register.

Payment Information

❑ **Cash**

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

Credit card: *(Circle one)* VISA mastercard DISCOVER AMERICAN EXPRESS

_____ - _____ - _____ - _____

Signature _____ **Expiration date** _____

Print name _____