

ADULT COURSES REGISTRATION FORM

Name _____ Date _____

Address _____

Phone (home) _____ (work or cell) _____ Email _____

Course Code #	Course Name	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Pay by Check: Please make your check payable to **Newton Community Education** and mail with this registration form to Newton Community Education, 457 Walnut Street, Newton, MA 02460

Donation to Scholarship Fund
 Registration Fee (once per person, per term) **\$6.00**
TOTAL

2. Pay by Charge: at www.newtoncommunityed.org, by phone (617) 559-6999, or by mail.

Charge: MasterCard Visa Discover American Express

Card # _____ Expiration Date _____ Security Code _____

Cardholder Signature _____

KIDS COURSES REGISTRATION FORM

Name _____ Birth Date _____

Address _____

School _____ Grade (Fall '17) _____

Parents' or Guardians' Names _____

Phone* (primary #) _____ (secondary #) _____ Email _____

*** For Kids' registrations, we must have two DIFFERENT phone #s, in case of an emergency. Don't have a landline? List the # of a family member or friend!**

Course Code #	Course Name	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Pay by Check: Please make your check payable to **Newton Community Education** and mail with this registration form to Newton Community Education, 457 Walnut Street, Newton, MA 02460

Donation to Scholarship Fund
 Registration Fee (once per person, per term) **\$6.00**
TOTAL

2. Pay by Charge: at www.newtoncommunityed.org, by phone (617) 559-6999, or by mail.

Charge: MasterCard Visa Discover American Express

Card # _____ Expiration Date _____ Security Code _____

Cardholder Signature _____