

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
 except for adult single session classes)

| |
|---------------|
| \$9.00 |
| 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 _____

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 |
|---------------|-------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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