

REGISTRATION

INDICATE YOUR METHOD OF PAYMENT

Cash Check (# _____)

MAIL TO: Wallingford Adult Education
 142 Hope Hill Road
 Wallingford, CT 06492
PHONE: 203-294-5932
email: pflinter@wallingford.k12.ct.us

NAME
 First _____ Last _____ Date ____/____/____

ADDRESS
 Street _____
 City _____ State _____ Zip _____

E-mail Address _____

PHONE
 Home _____ Work _____ Cell _____

CLASS DATE	COURSE TITLE	DAY	LOCATION	FEE

TOTAL DUE: _____

REMEMBER:
 a separate check
 for each class.

PLEASE DO NOT INCLUDE THE CONSUMABLE SUPPLY FEE WITH YOUR REGISTRATION PAYMENT. THESE FEES ARE COLLECTED ON THE FIRST NIGHT OF CLASS, AND MUST BE PAID IN CASH OR BY CHECK. IF PAYING BY MAIL, INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE. IF PAYING IN PERSON, BRING A SELF-ADDRESSED STAMPED ENVELOPE.

