

## Desert Foothills Community Education Registration Form

First/Last Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Please Circle:    M    F    School \_\_\_\_\_ Teacher \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Transportation:    \_\_\_ Parent Pick-up    \_\_\_ Kid's Club    \_\_\_ Other \_\_\_\_\_

Course Title	Session	Location	Day	Time	Total Fees Please include 07/08 \$20.00 yearly reg. fee

**Mail Form** & check to: DFCE Enrichment, P.O. Box 426 Cave Creek, AZ 85327

**Drop off** at Former Black Mountain Elementary School, 33016N. 60<sup>th</sup> St. Scottsdale, AZ 85262

Payment Type:    \_\_\_ Cash    \_\_\_ Check# \_\_\_\_\_ (Checks payable to DFCE)

*I recognize the risks of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Desert Foothills Community Education from and against all claims, costs, liabilities, expenses or judgments arising out of participation. This signature also allows pictures to be taken of myself or my child(ren) for future publication.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only:** Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check# \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_