

REGISTRATION FORM

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone: Cell: _____ Work: _____ Home: _____

Please provide e-mail for Wallingford Adult Education to send announcements.

Class Date	Course Title	Day	Location	Fee

Method of Payment

Cash Check # _____

How did you find us?

Total Due:	
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MAIL TO: Wallingford Adult Education
 142 Hope Hill Road, Wallingford, CT 06492
 8:00 am – 6:00 pm
 PHONE: 203-294-3900 or 203-294-5932
 wallingfordadulthood@wallingfordschools.org

Make Checks Payable to:
 Wallingford Adult Education
 Supply Fee: Pay to instructor on the first night of class in cash.



*No refunds are given unless a course is canceled.
 A course may be canceled for insufficient enrollment, or change in Instructors.
 If insufficient enrollment causes a class to be canceled, full tuition is refunded or a credit is given.*