

Continuing Education Registration

Name: _____ Date: _____

Address: _____ Town: _____ State: _____ Zip: _____

Phone (Home #): _____ (Work #): _____ (E-Mail Address): _____

Male Female Disabled (circle if yes)
 Age: 18 & under 19 - 29 30 - 39 40 - 49 50 - 61 62 - 79 80 and over
 High School Graduate Some College Bachelor's Degree or higher
 How did you hear about us? Circle all that apply. Brochure Newspaper Friend Internet
 Have you taken any classes through Ridgefield Adult Education during the past three years? Yes No

<u>Course</u>	<u>Start Date</u>	<u>Time</u>	<u>Location**</u>	<u>Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ridgefield Sr. Citizen (age 62 & older) _____ Disabled _____ Total: \$ _____

WAIVER OF TOWN LIABILITY: I recognize because of the nature of this activity that an injury might occur. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Ridgefield Adult and Continuing Education, Ridgefield Public Schools, the Town of Ridgefield, its employees and instructors. I understand that this release applies to any present or future injuries. I have read this and sign it voluntarily.

Signed: _____ Date: _____

REGISTER BY FAX OR MAIL:

_____ Check (preferred – help keep costs down)
 _____ VISA # _____
 _____ MasterCard # _____
 _____ 3 digit security code: _____
 Expiration Date: _____
 Name As It Appears On Card: _____
 Signature: _____

Mail Registration To:
 Ridgefield Public Schools - Continuing Education
 Attn: Peggy Bruno
 70 Prospect Street
 Ridgefield, CT 06877
Voice Phone: (203) 431-2812
Email: ridgefieldcontinuingeducation@gmail.com

COURSE SUGGESTIONS

Include brief description of your course and a resume, and send it to Peggy Bruno.
