

From: Ridgefield Public Schools
Ridgefield Continuing Education
90 East Ridge Road
Ridgefield, CT 06877

Non-Profit Org.
U.S. Postage
PAID
Permit No.
2024
Danbury, CT
06810

*****ECRWSS*****
Residential Postal Customer

Continuing Education Registration Application

Name: _____ Date: _____

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

Contact Information Required in case we need to reach you: Phone: (cell): _____ (other): _____

eMail: _____ eMail is required for Zoom.

* Make Check (preferred payment method) payable to Ridgefield Continuing Education. Rate for Senior Citizens (age 62+) and people with disabilities apply only to Ridgefield residents. Please see page 2 for important registration information for terms and conditions.

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

Donations to Ridgefield Continuing Education in any amount are gratefully appreciated. Receipt provided. _____
_____ Ridgefield Sr. (age 62 and older) _____ Ridgefield Disabled Subtotal: _____

A convenience/service fee for our Visa or MasterCard payment alternative will be added to your charge as below: _____
Convenience/service Fee: \$2.95 (subtotal through \$97), 2.99% (subtotal of \$98 or higher), per person per order.

Total: _____

WAIVER OF TOWN LIABILITY: I recognize because of the nature of this activity, whether on Town of Ridgefield property or online via platforms such as Zoom on property of my own choice that an injury or illness might occur and/or the probability of contracting COVID-19 might increase. In the event of an injury or illness to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. Ridgefield Continuing Education follows the Ridgefield Public Schools guidelines for COVID precautions, which may change as public health conditions change, which may include wearing a mask. Even so, we cannot guarantee that you will be 100% safe from airborne illnesses including COVID-19. 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 or illness (including, but not limited to, COVID-19). Participation is at my own risk. I have read this and sign it voluntarily.

Signed: _____ Date: _____

REGISTER BY MAIL OR PHONE:

_____ Check (preferred) _____ VISA _____ MasterCard

Credit Card #: _____ Expiration Date: _____ 3 Digit Code: _____

Name As It Appears On Card: _____

Signature: _____

Mail Registration To:
Ridgefield Public Schools - Continuing Education
Attn: Peggy Bruno
90 East Ridge Road
Ridgefield, CT 06877

(203) 431-2812

ridgefieldcontinuingeducation@gmail.com

Teachers Wanted: Teach a class. Phone (203) 431-2812
or eMail resume to: ridgefieldcontinuingeducation@gmail.com

SAT / PSAT Prep: Evening and weekend Zoom classes start in
March and July. **In Person Summer Session.** See page 6.
Visit <https://ridgefieldschools.org/satprep.html>