



# Westport Continuing Education

A division of Westport Public Schools  
203-341-1209 | conted@westportps.org  
www.westportcontinuinged.com

## Registration Form

For office use: **Name:** \_\_\_\_\_

**Semester:** \_\_\_\_\_

### Parent Information:

**Name:** \_\_\_\_\_ **Street Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

### Student Information

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Does this student have an IEP/504?** \_\_\_ Yes \_\_\_ No

**Allergies/Medication/ Health Issues:** \_\_\_\_\_

**Name of Child's Doctor/Practice:** \_\_\_\_\_

**Doctor's Phone #:** \_\_\_\_\_

### Class/Camp/Workshop Information

Course Title	Times	Start Date	Location	Fee
			<b>Total Fees:</b>	

### Payment Information

**Payment Type:**  MasterCard  VISA  Check payable to Westport Continuing Education

**Name on Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Billing Address (if different than mailing address):**

**Street:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mail:** Westport Continuing Education, 70 North Avenue, Westport CT 06880