

# Center For Enrichment Registration Form

Name: \_\_\_\_\_  
                     First Name                      MI                      Last Name  
       New Student    \_\_\_ Returning Student    \_\_\_ Clement Manor Resident  
 Address: \_\_\_\_\_  
 City, State ZIP: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Education Level: \_\_\_\_\_  
 (Former) Occupation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Church Affiliation: \_\_\_\_\_  
 How did you learn of us? \_\_\_\_\_

Please mail or drop off your completed form to:  
 Center for Enrichment  
 9405 West Howard Avenue, Greenfield, WI 53228  
 Office Hours: M-W 8:30 am-3:00 pm

Course Title	Term	Day	Time	Course Tuition
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Membership required for most classes. Are you a Member? Yes ___ No ___ Membership Renewal ___ New ___ Single ___ Couple ___ \$25.00 Single Membership Fee \$35.00 Couple Membership Fee			Membership fee if due.	\$
Term: _____ Date Prepared: _____ Date Sent: _____			Sub-Total	\$

Waiver: I the undersigned named below do hereby understand that I have registered herein to participate in the aforementioned activity and I further agree to indemnify and hold harmless the Clement Manor CFE, the City of Greenfield, and all employees, officers and agents from and against any and all liability. In addition, I understand that requested programs indicated above, like all activity, has some inherent risk involved. Furthermore, the individuals named herein are in good condition appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accidental insurance is provided by Clement Manor CFE. I/We have read and agree to the registration and related policies.

X \_\_\_\_\_

Payment Method: (check one)  
☐ Check - (make checks payable to CFE)  
☐ Cash                      ☐ Gift Certificate  
☐ Credit Card (Mastercard & Visa) Exp. Date \_\_\_/\_\_\_  
 Card# \_\_\_\_\_ CVV \_\_\_\_\_  
 \$2.00 processing fee added to all charges  
 Signature Of Cardholder:  
 \_\_\_\_\_

<b>Round-Up donation</b>	\$
Coupon	
<b>Total</b>	
CFE Office Use Only: Balance Due _____ Date Rec'd _____ Amt Pd. _____ Check # _____ Initials _____	