

# 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 PRINT and** 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 pm

Course Title	Term	Day	Time	Course Tuition
				\$
				\$
				\$
				\$
				\$
				\$
				\$
<b>Membership Required for most classes. Are you a Member? Yes _____ No _____</b> <b>Membership Renewal _____ New _____ Single _____ Couple _____</b>				
<b>Term: _____ Date: Card Prepared _____ Card Sent: _____</b>			<b>Sub-Total</b> \$	

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

<b>Round-Up</b> donation	\$
Coupon	
<b>Total</b>	

CFE Office Use Only: Balance Due \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_ Amt Pd. \_\_\_\_\_  
 Check # \_\_\_\_\_ Initials \_\_\_\_\_

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