You must be registered and paid before the class begins ►YOU CANNOT PAY AT CLASS.

Four easy ways to register:

- **Online: CloquetCommunityEd.com**
- **Call: 218-879-1261 (with credit card)**
- **Mail: 2001 Washington Ave., Cloquet MN 55720**
- **Drop off: at office** ***(Comm. Ed office is located at the Cloquet Middle School)***

VISA MasterCard AMERICAN EXPRESS DISCOVER

$15 off

If you are a Cloquet student and qualify for free or reduced lunch: Youth may participate in an After School Enrichment activity for half price. Maximum of $15 off per child per year.

Scholarships provided by:

Cloquet Educational Foundation and Cloquet Community Education

Send coupon with registration.

- Instructors are not authorized to accept registrations at class.
- If we have your email address, you will receive registration confirmation via email.
- Cancellations:

  - No refunds will be issued for bus trips after the deadline to register date has passed, but we may have people on the waiting list or you may find someone who could take your place.

  - Cancellations must be made at least 2 business days prior to first class. $5 cancellation fee. Contact Community Ed for refunds in special circumstances.

  - Registrants contacted if a class is cancelled or filled.

  - If school is cancelled, Comm. Ed. offerings are also cancelled. Cancellations due to bad weather announced on WKLK 96.5 FM, 1230 AM.
- Contact Community Ed if you are attending an adult class and have special needs.
- Community Ed. reserves the right to cancel offerings due to low enrollment.

Cloquet Community Education & Recreation Registration Form

Adult Contact Information ____Age (19-54) ____Age (55+)

Name:_____ **Phone: Home:** _____

Address: _____ **Work:** _____

City: _____**Zip:** _____ **Cell:** (_____)_____

Email: _____ **My Child attends: Churchill or Washington**

Youth only: Name / Grade / DOB:_____

Name / Grade / DOB:_____

Classes and Activities:

Participant Name	Class Title	Start Date	Class Fee
	Total of all class fees:		

FOR ALL REGISTRATIONS

Please list any medical concerns, special needs or allergies that Community Education should be aware of.

Participant Name and Concern:

Participants enter Community Education classes at their own risk and assume all responsibility for injuries or illness they may incur as a direct or indirect result of participation in these classes. Employees, representatives, or officials of Cloquet Community Education / Cloquet Public Schools are not responsible for any claim, including COVID-19.

Media Release: I authorize ISD #94 employees to take and use photographs/video of me or my child for use in class activities, district publications, district promotions and Web content.

Participant/Parent/Guardian Signature:_____**Date:** _____

Payment Information

I am paying by: _____Cash _____Check Charge my credit card _____VISA _____MasterCard _____Discover _____AmEx

Name as written on card: First M.I. Last

Signature:

Card Number: **Exp. Date:**

Please mail or return this form to: Cloquet Community Education & Recreation, 2001 Washington Ave., Cloquet, MN 55720