

ENRICHMENT REGISTRATION FORM

Welcome to the Warren Woods Adult & Community Education enrichment program!

Please PRINT on this form.

Student Name _____

Parent Name (if under 18) _____

Street _____

City/State/ZIP+4 _____

Phone number _____

Emergency contact person _____

Contact's phone number _____

Would you like to receive information about enrichment opportunities by e-mail? If so, please include your e-mail address. (We will NOT distribute your e-mail address to other organizations or companies.)

E-mail _____

Health agreement

Warren Woods Public Schools, including all staff and entities, assumes no responsibility for injuries incurred due to class activities or instruction. Please ensure you have your doctor's permission to participate in the class prior to the start of the class. Inform your instructor of all health problems that may affect your health during class activities.

Signature _____

Date _____

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Signature _____

Date _____

Class Day Time	Fee	Office Use Only	
		Receipt #	Paid

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		Receipt #	Paid

DISCLAIMER :: Sessions may be changed or cancelled due to insufficient enrollment by the first class date. Students will be notified as soon as possible. Students will receive a refund if the class is cancelled due to enrollment or if the student withdraws before the first day of class. All fees must be paid by the first day of class.

NONDISCRIMINATION POLICY :: In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, and the Elliott-Larsen Civil Rights Act of 1977, it is the policy of the Warren Woods School District that no person shall, on the basis of race, color, religion, national origin or ancestry, gender/sex, age, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. For information, contact (586) 439-4401. Inquiries related to discrimination on the basis of disability should be directed to: Susan Coleman, 504 Coordinator, 12900 Frazho Rd., Warren, MI 48089. (586) 439-4464. Direct all other inquiries related to any other discrimination to: Ms. Grace Stafford, Asst. Superintendent, 12900 Frazho Rd., Warren, MI 48089. (586) 439-4457.

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