## **Simsbury Department of Continuing Education REGISTRATION FORM**

## MAIL OR WALK-IN

Simsbury Department of Continuing Education 155 Firetown Road, Simsbury, CT 06070 **OFFICE HOURS** Monday-Friday 8:30AM-4:00PM

Checks/cash only. If you would like to pay by credit card, you must use our online registration.

## **REGISTER ONLINE**

www.simsbury.k12.ct.us/dce Click on "My Payments Plus"

☐ Non-Resident (Add \$10.00)

☐ Simsbury Resident

| Please make checks | s payable to: | Department | of C | Continuing | Education |
|--------------------|---------------|------------|------|------------|-----------|
|--------------------|---------------|------------|------|------------|-----------|

|  |                  |  | Senior   | Citizen (Age 62 +)   |  |  |
|--|------------------|--|--|--|--|--|
|  | Street           |  |  | 50% discount; minimum fee is<br>\$10.00 + \$3.00 registration fee<br>I require special   |  |  |
|  | City, State, Zip |  |  | nodations.<br>t has a current IEP  |  |  |
| Home         Business         Cell           Email:         Grade Student is Entering: |                  |  |  | m at school.  OTE: Any information regarding accommodations through an ized Education Plan (IEP) or Section thould be communicated directly attudent's family to the teacher.  |  |  |
|  | COURSE TITLE     |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  |  |  |  |  |  |
|  |                  | Non-Resider  | ts add \$10.00   |  |  |  |
| Non-Refundable Registration Fee  |                  |  | + \$3.00   |  |  |  |
| Endowment Fund Donation  |                  |  |  |  |  |  |
| TOTAL DUE  |                  |  |  | \$   |  |  |
|  |                  | City, State, Zip  Home Business  Entering:  COURSE 1 | City, State, Zip  Home Business Cell  COURSE TITLE  Non-Resider  Non-Refundable Re | Street  City, State, Zip  Home Business Cell  Find the state of the st |  |  |

| OFFICE USE ONLY |                 |
|-----------------|-----------------|
| Check No.       | Cash Recv'd. \$ |

Please note: For summer classes, an additional medical form must be completed to ensure placement in classes. The form is contained in the DCE summer brochure.