

Manchester Community Education

General Registration Information

Refund Policy

Full refunds are made when we cancel a class due to low enrollment or circumstances beyond our control. No refunds will be given after the conclusion of a class or program.

- If you cancel a class **before** the class begins: \$5.00 cancellation fee charged for classes \$50.00 and under; 10% cancellation fee for classes over \$50.00 (per child).
- If you cancel a class **after** the class has started your refund will reflect the cancellation fee and the refund will be prorated for classes held regardless of attendance.

Quick & Easy Way to Register

Pre-registration is required for all programs. Register and pay using Visa/MasterCard/Cash/Check. Fees are payable in full at the time of registration.

Fax: Fax completed registration form and credit card payment information to (734) 428-9188.

In Person: Ackerson Administration Building, 410 City Road

Phone: (734) 428-9711 x1013

Mail: Mail completed registration form and payment to Manchester Community Education, 410 City Rd.

Checks payable to: Manchester Community Schools Memo: Comm Educ: 'List class title'

Register Early: The most common reason for class cancellation is low enrollment.

Returned checks: \$25.00 fee for all returned checks

Waitlist: Registrants will be placed on a waitlist if the class had reached its maximum enrollment.

Transporting Children

Please note the scheduled time of the activity so that children can be dropped off and picked up promptly. Supervision is not available beyond the scheduled times of the activity, so please do not drop children off early or pick them up late. *We reserve the right to revoke offers, correct errors, change prices, and make policy changes at any time.*

To register for a class, complete this form, attach payment and return to

Manchester Community Education at

410 City Road, Manchester ~ 428-9711 x1013 ~ Fax: 428-9188 ~ pwiseman@mcs.k12.mi.us

Parent/Guardian

Name(s) _____ Home Phone: _____

Address _____ Work/Cell Phone _____

Email _____ *I give my permission for Manchester Community Education to*

Participant(s) *use photos of my child in publications about their events* Yes No

Name _____ Gender _____ Grade (Fall 2016) _____

Name _____ Gender _____ Grade (Fall 2016) _____

Food Allergies or Other Medical Concerns: _____

Program Title: _____ **Dates:** _____ **Cost:** _____

Method of Payment (Please check one): Cash Check (Ref. # _____) or Credit (Visa MC)

(Checks payable to Manchester Community Schools, Memo: Community Education: class name)

Name Card _____ Card # _____ Expires: _____