

REGISTRATION FORM

Name:_____ Date:_____

Address:_____

City:_____ State:_____ Zip:_____

E-mail Address:_____

Phone: Cell:_____ Work:_____ Home:_____

Please provide e-mail for e-mail confirmation

Class Date	Course Title	Day	Location	Fee

Method of Payment

☐ Cash ☐ Check # _____

How did you find us?

☐ Brochure ☐ Online ☐ Referral

Total Due:	
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MAIL TO: Wallingford Adult Education
Historical Train Station
37 Hall Avenue, Wallingford, CT 06492
8:00 am – 4:00 pm
PHONE: 203-294-3900
E-MAIL: wallingfordadulted@wallingfordschools.org

Make Checks Payable to:
Wallingford Adult Education
Supply Fee: Pay to instructor on the first night of class in cash.



*No refunds are given unless a course is canceled.
A course may be canceled for insufficient
enrollment, or change in Instructors.
If insufficient enrollment causes a class to be
canceled, full tuition is refunded or a credit is given.*