

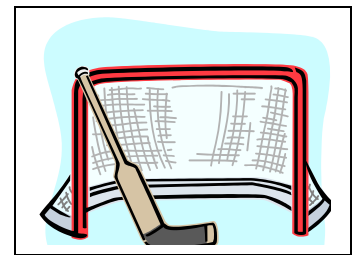
# Elementary Enrichment Kindergarten-5th Grade



## Floor Hockey Camp with instructors from Sports Unlimited.

This camp is designed for boys and girls ages 6-12. This camp will introduce the child to the sport of **Floor Hockey** through skill development and group games. Sports Unlimited staff will focus on helping the campers learn the rules of Floor Hockey while working on team play and sportsmanship. Individual skills taught: passing, shooting along with learning the strategies of offense and defense. **Register by January 20<sup>th</sup>!**

Grades: 1-5  
 Dates: Jan 25<sup>th</sup> –Mar 1<sup>st</sup>. (Skip 2/15)  
 Time: 3:20-4:20p.m.  
 Fee: \$45.00 for 5 sessions  
 Class #: YEET200



Registrations must be sent to the Community Education office at the address (or contact number) below AND must be received in that office a minimum of 5 days prior to the start of class for processing. Financial Assistance is available, please call 651-748-7445 for more information. Registrations cannot be accepted at the schools.



### ELEMENTARY ENRICHMENT REGISTRATION FORM – Please Print Clearly, One Form Per Child

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Grade \_\_\_\_\_ Teacher \_\_\_\_\_ School \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_ Parent 1 Home # \_\_\_\_\_  
 Parent 1 Work # \_\_\_\_\_ Parent 1 Cell /Pager # \_\_\_\_\_  
 Parent 1 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Parent 1 Email \_\_\_\_\_ Parent 2 Email \_\_\_\_\_  
 Parent 2 Name \_\_\_\_\_ Parent 2 Home # \_\_\_\_\_  
 Parent 2 Work # \_\_\_\_\_ Parent 2 Cell /Pager # \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Health/Special Needs Info \_\_\_\_\_

- I do *not* want my child photographed (photos may be used in publications).  
 My child is registered to attend Adventure Connection today after school and should return there after class.

CLASS #	CLASS NAME	DAY/LOCATION	\$FEE

**Make checks payable to District 622 Community Education**      **TOTAL DUE: \$** \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expires \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ \_\_\_\_\_ Visa \_\_\_\_\_ MC **Information on this form is confidential**

**Refunds:** Request a refund one week before class begins. A \$5 per course processing fee will be deducted from your refund/credit. No refunds will be given after classes begin.

Office use: Date Rec'vd: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Refund: \_\_\_\_\_ F.A.: \_\_\_\_\_

**Send to:**  
 Elementary Enrichment  
 622 Education Center  
 2520 E 12th Avenue  
 No St Paul, MN 55109

**Bring to:**  
 Community Education  
 District Education Center  
 Room 204  
 Monday - Friday  
 7:30 am - 4:30 pm

**Fax:** 651.748.7497

**24-Hour Youth  
 Registration Line:**  
 651.748.7430  
 (VISA/Master Card only)

**Registration  
 Questions?**  
 651.748.7445

Visit us online at  
<http://communityeducation.isd622.org>