

Elementary Enrichment 1st-5th Grade



Sports Unlimited presents...

Soccer!

This camp is designed to introduce the young athlete to the sport of soccer through skill development and small group games. Sports unlimited staff will focus on helping the children learn the rules of soccer while working on team play and sportsmanship. Individual skills taught: shooting, passing, dribbling along with learning the strategies of offense and defense. Children will be divided by age and skill level.

Wednesdays,
March 3-April 14 (no class 3/31)
6 sessions, \$54 (only \$9 per session!)
4-5 pm (meet with Adventure Connection in the cafeteria afterschool)
YEWV211



Registrations must be sent to the Elementary Enrichment office at the address (or contact number) below AND must be received in that office a minimum of 3-5 days prior to the start of class for processing.
Registrations cannot be accepted at the schools.



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>

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

Student _____ Date of Birth _____ Gender _____
 Grade _____ Teacher _____ School Weaver
 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 # YEWV211 CLASS NAME: SOCCER WEDNESDAYS \$54
Make checks payable to District 622 Community Education TOTAL DUE: \$ _____

Credit Card # _____	Expires _____
Signature _____	Date _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Visa <input type="checkbox"/> 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.: _____