You may use the same form for more than one person as long as they reside at the same address.

Frontier Central Community Education Registration Form

5120 Orchard Avenue, Hamburg, NY 14075 -- Phone: 926-1744 -- Fax: 926-1777

Last Name **First** **Cell/Home Phone**

Address **City/Town & Zip** **Alt. Phone Number**

Parent's Name **Age of Participant** **Grade**

Email Address

Course Name **Day** **Time** **Fee**

1.

2.

It would be advisable to put down a second choice if the class you registered for is cancelled or filled.
You will be only be called if given second choice. Please indicate second choice below:

2nd Choice _____ **TOTAL DUE $** _____

Method of Payment - Check/MO #_____**Cash** ___ **MC/Visa** ___**Approved**_____ **Golden Pass #**_____

(Please make checks payable to: **Frontier Community Education)**

I authorize Frontier Central School District to charge my MasterCard/Visa credit card account # below for the above registered classes.

MC/Visa Credit Card # _____

Do Not Include Lab Fees

Signature _____ **EXP DATE**_____

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