

FAMILY Registration Form

Make checks payable to Luverne Community Education, 709 N Kniss, Luverne MN 56156.

Participants are not considered registered for a class until payment is received.

Questions -- Call 283-4724

Parents' Names: _____ Phone Number: _____

Address: _____ City/State _____ Zip _____

Email--list only if you check frequently _____

1) Child's Name _____ Grade attended during 2021-22 _____

Birth Date _____ (If needed, list size.) _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

2) Child's Name _____ Grade attended during 2021-22 _____

Birth Date _____ (If needed, list size.) _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

3) Child's Name _____ Grade attended during 2021-22 _____

Birth Date _____ (If needed, list size.) _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____