



Carmel Adult School REGISTRATION FORM

CLASS SESSION:

Fall
August

Winter
December

Spring
March

PAYMENT and REGISTRATION FORM are required **prior** to the start of the session.
Teachers may not accept payment.

Name: _____
First Last

Phone: _____ email: _____

Mailing Address: _____
Address
City Zip

EMERGENCY INFORMATION

Name: _____
First Last

Phone: _____ email: _____

CLASS INFORMATION

Name of Class: _____ Day: _____ Time: _____ Amount: \$ _____

Name of Class: _____ Day: _____ Time: _____ Amount: \$ _____

Name of Class: _____ Day: _____ Time: _____ Amount: \$ _____

Make checks payable to: **Carmel Adult School**

Please drop-off **payment and registration** to Carmel Unified School District Office,
Carmel Valley High School **or** mail to: Carmel Adult School P.O. Box 222700 Carmel, CA 93922

Completion of this form does not guarantee placement in the class.

Tina Gerow, Carmel Adult School Secretary
Phone: (831) 624-1546 x 2998 **Email:** tgerow@carmelunified.org