

# 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 2023-24 \_\_\_\_\_

Birth Date \_\_\_\_\_ ( If needed, list size.) \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

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Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

2) Child's Name \_\_\_\_\_ Grade attended during 2023-24 \_\_\_\_\_

Birth Date \_\_\_\_\_ ( If needed, list size.) \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

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Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

3) Child's Name \_\_\_\_\_ Grade attended during 2023-24 \_\_\_\_\_

Birth Date \_\_\_\_\_ ( If needed, list size.) \_\_\_\_\_

Class #: \_\_\_\_\_ Class Name: \_\_\_\_\_ Fee: \_\_\_\_\_

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