

CLEAR LAKE COMMUNITY EDUCATION
REGISTRATION FORM

CLASS NAME: _____

STUDENT NAME: _____

STUDENT AGE & GRADE: _____

PARENT NAME (if under 18): _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

DROP OFF FORM AT THE ELEMENTARY OFFICE,
EMAIL COPY TO SROGERS@CLEARLAKE.K12.WI.US OR
MAIL TO: CLEAR LAKE COMMUNITY EDUCATION
ATTN: SUSAN ROGERS
135 8TH AVENUE, CLEAR LAKE, WI 54005