

**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 OR MAIL TO:

CLEAR LAKE COMMUNITY EDUCATION
135 8TH AVENUE,
CLEAR LAKE, WI
54005