

Kerrville ISD Community Education Enrollment Form

0807

1121 Second St. • Kerrville TX 78028 • 830-895-4386 • FAX 830-257-0566 • club.ed@kerrvilleisd.net • www.clubed.net

Last Name _____ First Name _____

Address _____

City _____ Zip _____

Day (or cell) Phone _____

Email _____

Age: 0-12 13-17 18-39 40-59 60+

How did you hear about these courses?
 Catalog Internet Article Radio
 TV Friend Other _____

By registering, I authorize the Kerrville ISD, its employees and agents to transport me or my child(ren) to the hospital, doctor, or dentist in the event of an injury or accident. I agree to assume all medical costs incurred. I further release Kerrville ISD, its employees and agents from all claims and responsibility for physical injury and property loss.

#	Title	Start Date	Fee	Date _____	Office Use Only	
					Init	Enter
_____	_____	_____	\$ _____			
_____	_____	_____	\$ _____			
_____	_____	_____	\$ _____			
_____	_____	_____	\$ _____			
			Total	\$ _____		Rec'd

Please make checks payable to KISD

Check box if you want to receive class confirmation

Cash Check # _____ P.O.# _____

VISA MC DISC

Exp _____ Signature _____

Name on Card _____ **Thank You!**

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Exp _____ Signature _____ **Extra Form!**

Name on Card _____

