

Youth Registration

Online

Register online for classes at:
www.hopkinscommunityed.org

Online Registration

Choose your Category

By Phone

- Call **952-988-4070** during regular business hours (M-F, 8 am–4 pm) to speak to a Community Education staff member.
- 24-Hour Registration Hotline: Have your Visa or Mastercard number ready when you call the hotline: **952-988-4018**

Fax

Fax a registration form including a Visa or Mastercard number to: 952-988-4079

By Mail

Complete a registration form, include a check (payable: Hopkins Community Education) to:
 Hopkins Community Education
 Eisenhower Community Center
 1001 Highway 7, Hopkins, MN 55305

In Person/Drop-off

- At Eisenhower Community Center, room 127, M-F, 8 am–4 pm.
- Drive-up drop box located under the canopy at the entrance of Eisenhower Community Ctr. Place in a sealed envelope with check payment (no cash) addressed to: *Community Education*

Register Early!

Registrations are on a first-come basis. Decisions to cancel a class due to low enrollment is made before the class date, so register early to prevent your class from cancelling.

Customer Satisfaction:

Our goal is to develop and deliver a wide range of quality programs to meet the learning needs of the community. We will strive for excellence in serving our customers in a prompt, courteous and respectful manner. We welcome your feedback on your Community Education registration and class experience. Please contact us with comments/suggestions at 952-988-4070.

Registration Information

Confirmation

Mark your calendar and assume you are registered. Your class will be held at the time and place indicated in the brochure unless you are contacted. We will notify you if a class is filled, cancelled or changed.

Cancellation Policy and Refunds

- We will gladly refund your class registration fee if you cancel and request a refund five business days prior to the first class.
- We reserve the right to cancel a class due to low enrollment. In that case, we will call you and make arrangements to refund your class fee.

Health Plan Discounts

All UCare Minnesota or Metropolitan Health Plan (MHP) members may take up to a \$15 discount per class on most classes. Members must be on Ucare or MHP at the time of registration and through the duration of the class. Indicate ID number(s) on the registration form.

Scholarship Donations are Welcome!

Donations can be made by checking the box on the registration form below and can be included on the same check or credit card payment as the registration fee.

Fee Assistance

Community Education has limited fee assistance available to School District residents who qualify and are unable to pay the full registration fee. For information about a fee assistance application, please call 952-988-4070.

Inclement Weather Information

- If the Hopkins School District is closed due to bad weather, then the Community Education classes and activities are cancelled.
- If the weather turns bad late in the day, Community Education may cancel activities. Stay tuned to WCCO Radio for any announcements.
- Call the 24-Hour Hopkins Schools closing phone line for inclement weather cancellations: 952-988-4019.

Photograph Permission

Photographs of your child may be taken and used to promote the program in the newspaper or future Community Education catalogs. If you do not wish photographs of your child to be used, please contact Youth Programs at 952-988-4070. There is no compensation for use of photos.

Or Register: 24-Hour Hotline: 952-988-4018
Online: www.hopkinscommunityed.org

Youth Program Registration Form • Hopkins Community Education

Mail to: Hopkins Community Education, 1001 Highway 7, Hopkins, MN 55305

Participant Name: _____ Grade _____

Participant: Male Female Parent Guardian: _____

Address _____ City _____ Zip: _____

Home Phone () _____ Alternate Phone () _____

Email (print): _____ Child's Home School _____

COURSE #	SECTION	COURSE TITLE	BEGIN DATE	TIME	FEE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Health Plan: Ucare ___ or MHP ___ Member I.D. # _____ Discount \$ _____

Check # _____ (payable to Hopkins Community Education) **Total: \$ _____**

Please note cancellation policy above

Charge to my MasterCard or Visa Card Number _____

Expiration Date ____/____/____ Cardholder Name on Card _____

Special Needs? _____

Yes! I would like to sponsor a young person in need of a scholarship for the amount of: \$ _____
 Name of class (optional) _____ Name of student (optional) _____ *add to total above*