



Application

Financial Assistance for Enrichment

Edina Community Education Services is dedicated to meeting lifelong learning needs for all Edina residents and youth enrolled in Edina Public Schools.

PLEASE FILL OUT THE FOLLOWING INFORMATION *

Number of individuals in your household: _____

Gross Household Income (before taxes): _____ Yearly Monthly Weekly

* Need is determined by household size and income criteria used by the Minnesota Child Care Assistance Program.

- *By registering for these classes, I give permission for myself and/or my child to be included in photos or videos of activities that may be used in school district publicity and any media coverage printed or electronic.*
- *By signing this form, I verify that my income level stated above is accurate to the best of my knowledge.*

Signature of Person Registering/Guardian of Youth Participant:
_____ Date: _____

Guidelines & Limitations:

- ◆ Financial assistance is **\$150 per adult** per session (Fall, Winter, and Spring/Summer)
- ◆ Financial assistance is **\$150 per youth** per session (Fall, Winter/Spring, and Summer)

Private Lessons & Tutoring are not covered by financial assistance.

Driver's Education only qualifies for partial financial assistance.

Not all classes are eligible for financial assistance. Some restrictions may apply.

Assistance cannot be granted retroactively. Funds must be requested before a class is started.

If you cancel fewer than 5 business days before the class starts, the amount of the class will count towards your \$150 limit per session.

Attendance is highly encouraged to gain the most benefit from the class.

* Please allow 3 business days to process your application.

Registration Form

Date: _____

Participant Name: _____ Birthdate: _____

Course #: _____ Course Title: _____ Fee /Owe: _____ / _____

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Participant Name: _____ Birthdate: _____

Course #: _____ Course Title: _____ Fee /Owe: _____ / _____

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Participant Name: _____ Birthdate: _____

Course #: _____ Course Title: _____ Fee /Owe: _____ / _____

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Please list anything we need to be aware of so participants can be successful in the program (asthma, allergies, special needs, etc.): _____

Address: _____

City: _____ Zip: _____

Email Address for Confirmation: _____

Emergency Contact 1:

Name: _____

Phone: _____ Phone: _____

Emergency Contact 2: Two contacts are required for YOUTH enrolling!

Name: _____

Phone: _____ Phone: _____

Payment Information:

Check Credit Card (*VISA and MasterCard only*) Cash

Cardholder Name: _____

Card #: _____ Expiration Date: _____

Signature: _____