

To Register for a class at Lane Family Connections, you can type directly into this form and print to send it in. Or print then fill out for each attendee.

**The closer it gets to the class session, the more likely classes could be full. We must receive all registrations by the day before the class. Mailing forms too close to the class date may cause delays or problems with your registration.**

Fax or mail completed form with payment. Faxing or mailing the form does **NOT GUARANTEE** your space in the class. Registration is only **CONFIRMED** when payment is received and **there is space** in the class. If you have NOT received a reminder card or confirmation by phone, you may want to call to confirm whether you are pre-registered. **PLEASE DO NOT SHOW** up for classes without confirmation you are registered.

If we do not show you are pre-registered, instructors **may turn you away** for the session. Some classes do have limited space and you will be notified if there is not space in the class, or you are not pre-registered due to non payment.

**To avoid missing out on a class due to filled capacity or late registration forms, you may want to call ahead to verify availability in the class before sending payments in.**

Mail completed registrations and payments to:  
Lane Family Connections  
4000 E 30th Avenue  
Eugene, Oregon 97405

OR Fax completed registrations to:  
(541) 463-4724

#### LANE FAMILY CONNECTIONS CLASS REGISTRATION/PAYMENT FORM

Name:  Previous name(s) used

Lane Student ID # \* L  Soc.Sec. No.  -  -

Date of Birth  Home Phone:  Work Phone:

Permanent Address  City  Zip:

**List Title and dates of classes you are registering for with this request and payment:**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TOTAL ENCLOSED:  (One Payment can be made for all classes)

Card Type: ☐ Bank Card ☐ VISA ☐ MasterCard Card #  Exp. Date

Name AS IT APPEARS on the card (exactly)

Card Holders address if different from above: Address  Zip

Signature of card holder \_\_\_\_\_ Date

**PLEASE INDICATE THE TYPE OF SETTING YOU WORK FOR**

☐ Family Child Care ☐ Certified Family Child Care ☐ Child Care Center Staff ()

Name of Center