

# \*REGISTRATION INFORMATION

- WALK IN:** Our office is open 8:30 am to 4:30 pm Monday through Friday for registration by cash, check, Visa or MasterCard. We are located at the Costick Center, 28600 Eleven Mile Road between Middlebelt and Inkster Roads. Registration accepted starting at **8:30 am on Tuesday, August 15** for all residents. Registration is taken on a first-come, first-served basis. Starting **August 23 non-residents** of Farmington Hills, Farmington or the Farmington Public School district may also register for programs, **and there is an additional \$5 fee per person, per class.**
- MAIL IN:** Print all information on registration form; be sure to include phone number with area code and program number for each class requested. Mail to address on form with check for correct amount or Visa or MasterCard account number and expiration date. All resident mail registrations will be processed on a first-come basis starting at **8:30 am on Wednesday, August 16**
- FAX:** Carefully print all information on registration form, including phone number with area code, program number for each class, and Visa or MasterCard number and expiration date, and FAX to 248-473-1801. All resident fax registrations will be processed on a first-come basis starting at **8:30 am on Wednesday, August 16.**
- TELE TRAC:** Beginning **Wednesday, August 16**, you can register by phone between the hours of 6 am and 1 am with a Visa or MasterCard credit card by calling 248-473-1858. Only family members that are currently listed in our database from your household can be registered through TELETRAC. You will need to contact the office at 248-473-1800 to obtain your **HOUSEHOLD ID#** and **INDIVIDUAL HOUSEHOLD MEMBER #'s**. If a household member is not currently listed when you call, they can be added to the database to take advantage of this service. See page for more details.
- AFTER HOURS:** Walk-in registration after hours drop box is now available. When entering Door A, the drop box is located on the wall around the corner to the left of the registration counter. Print all information on registration form, be sure to include phone number with area code and program number for each class requested, along with check for correct amount or Visa or MasterCard account number and expiration date.

## REFUND POLICY:

- Refunds must be requested prior to the second class or activity meeting. Call 248-473-1800, Monday – Friday, 8:30 am – 4:30 pm.
  - A \$5 administrative fee is withheld from all refunds, in addition to proration of any class already held.
  - Every effort will be made to reschedule cancelled classes. A refund will be issued only if we cancel classes and participant cannot reschedule.
  - After request, please allow three weeks processing time for the refund checks to reach you by mail, or four working days for a credit card refund.
  - CAMP/TOUR REFUND POLICY - Must be requested two weeks prior to first day of camp. Less than two weeks prior, only 50% of fee is refunded. (Does not apply to Cultural Arts Camps)**
  - SENIOR REFUND POLICY** – Once a program has begun, a refund will only be issued if the cancellation does not drop class below minimum.
- \* **Many classes/activities have been scheduled at our new Grant Community Center which is located on Grand River at Middlebelt Road.**

## REGISTRATION FORM

(Form not used for Ice Arena Programs)

Household/Primary Adult Contact:  Resident  Non-resident

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Last Name	First Name	Birthdate	Gender	Class #	Activity Name	Fee
1.						
2.						
3.						

Visa  Master Card  Expiration Date: Mo \_\_\_\_\_ Year \_\_\_\_\_ Card Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

By accepting my registration in the above programs, I hereby understand that I release my rights or claims for damages that I may have against the City of Farmington Hills through which this program is conducted or its instructors or City staff. I will also adhere to the refund policy.

For more information, call 248-473-1800 Monday through Friday, from 8:30 am to 4:30 pm. FAX: 248-473-1801.

Date: \_\_\_\_\_ Participants Signature: \_\_\_\_\_ (Guardian signature for minors)

**Make checks payable to Farmington Hills Special Services** and mail to: Registration, Farmington Hills Special Services, 28600 Eleven Mile Road, Farmington Hills, MI 48336. CHECK OR MONEY ORDER MUST EQUAL EXACT AMOUNT OF THIS REGISTRATION.



The City of Farmington Hills welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US? (Check all that apply)

- Brochure  Radio  Pamphlet  Newspaper  Flyer  Poster  Outdoor Banner  
 School  Internet  Cable  Friend  Other \_\_\_\_\_