

## Westfield CSI Registration Form

### Student Information

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
Preferred Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Student's telephone/cell: \_\_\_\_\_  
Student Email: \_\_\_\_\_  
School currently attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent Email: \_\_\_\_\_

### Contact Information

#### Primary contact 1:

Parent/Guardian name: \_\_\_\_\_  
Phone - Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

#### Primary contact 2:

Parent/Guardian name: \_\_\_\_\_  
Phone - Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

*In case of an emergency when parent/guardian is not available, please notify:*

Name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Phone - Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*By signing this form, I acknowledge I have read and accept the policies and procedures provided in this packet.

### Payment Information

There is a \$500.00 deposit to hold your place at the Westfield CSI Summer Program. Please fill out the information below for payment options. If you prefer, you can also pay the deposit online at [www.westfield.ma.edu/teenu](http://www.westfield.ma.edu/teenu) or over the phone by calling (413) 572-8033. The registration form and deposit are due by **April 30, 2020**. You may also choose to pay the full amount of \$1,000.00. (Cash is not accepted.)

\*\*Please note that the \$500.00 balance and required forms are due **June 5, 2020**.

### Payment Options (Choose one):

\_\_\_\_\_ Check number: \_\_\_\_\_ Amount: \_\_\_\_\_ (Check payable to Westfield State University)

\_\_\_\_\_ I would like to pay by credit card  
\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

Credit Card number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

#### **Please mail or drop off to:**

Westfield State University/CGCE  
Attn: Brandon Fredette  
577 Western Avenue ~ PO Box 1630  
Westfield, MA 01086

**OR** Fax form to: (413) 572-5227

\*Please do not fax payment information.