

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 or over the phone by calling (413) 572-8033. The registration form and deposit are due by **April 30, 2019**. 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 4, 2019.

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.