

TO REGISTER ONLINE GO TO: pcceregister.com

- Complete this form and include payment information, check (payable to P-CCS)
- **Mail to:** P-CCE, Allen Early Learning Academy 11100 N. Haggerty Rd, Plymouth, MI 48170
- **Fax to:** 734.420.7108
- **Registration confirmation:** Print online receipt with class details or contact Community Education to have one emailed to you

HEAD OF HOUSEHOLD

Last Name _____ First _____ Male Female

FAMILY INFORMATION

Address _____ City _____ ZIP _____

Primary Phone _____ Alternate Phone _____

EMAIL ADDRESS _____

FAMILY MEMBERS:

Last Name: _____ First _____ Date of Birth ____/____/____

Male Female Grade _____ School _____

Are there any special needs or severe allergies we need to be aware of? _____

Last Name: _____ First _____ Date of Birth ____/____/____

Male Female Grade _____ School _____

Are there any special needs or severe allergies we need to be aware of? _____

Student	Class #	Class Name	Day	Time	Fee
Non Residents add fee of \$10					
Total					

Method of Payment:  

Credit Card # _____

Expiration Date ____/____

Cardholder's Signature _____

Your Check Number _____ (payable to P-CCS)

A \$4.00 Credit/Debit card convenience fee will be added to all transactions.

REGISTRATION