

REGISTRATION INFO

Registration dates*:

Wednesday, Dec 27th: Resident Online, all "Active Adults"

Wednesday, Jan 3rd: All registration methods open

*Camp registration opens online March 2nd. Details pg. 36!

FYI

Carpool request and info is on the back of form-pg 46.

Registration receipts are emailed to the email address on file.

You can print your online registration receipt at any time.

We can't be responsible for late or incomplete registrations.

Registrations are not accepted at program sites.

How to register:

Online: www.oakcreekwi.org, click "I want to", then "register for" then, "Recreation Classes/activities"

Drop Box: Use the Oak Creek Library Book Drop

Mail in or Walk in: We are located on the 2nd floor of the Library, 8040 S 6th St, Oak Creek WI 53154

FAX: (414) 766-7942

Phone: (414) 766-7920

We accept: MasterCard, Visa, Discover, American Express, Check or Cash

First Registration? Need an online account?

Please provide proof of current residency, proof of date of birth for all minor children, and/or proof of school district attendance for students not living within the OCFSD. We accept any document with the information pre-printed.

— PLEASE PRINT —

Household Name (First/Last): _____

Address: _____
Street City State ZIP

NEW CUSTOMER/INFORMATION UPDATE

Preferred Phone: _____ Alternate Phone: _____

Email: _____ In case of Emergency: _____

WAIVER OF LIABILITY MUST BE SIGNED AT THE FIRST CLASS OF EACH SESSION.

Participant First & Last Name	Gender	Age	Date of Birth	Current Grade 2017-2018	Activity Name	T-Shirt Size-Basketball ONLY!	1st Choice Activity/Section	2nd Choice Activity/Section	Fee
TOTAL FEE									

Special information (ie: medical, physical, allergies): _____

MC VISA Discover AmEx Card # _____ Exp. _____ CVV# _____

Signature: _____ Date: _____

Print Cardholder's Name: _____ Address: _____

PROOF	NEED	HAVE	FOR OFFICE USE ONLY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> Emailed Login-in Info <input type="checkbox"/> Emailed Receipt		
DOB					
Residency					
Child Res.					
Receipt #					
Initials					
Date:					