

Pine Bush Central School District
Continuing Education Enrollment

Fill out this registration form and mail to:
Pine Bush Central School District
Continuing Education
P.O. Box 700
Pine Bush, NY 12566
Attn: Ruth Holt

Make check payable to Pine Bush Central School District (PBCSD)

Name: _____

Address: _____

Home Phone: _____ **Cell/Emergency:** _____

Child's Age/Grade (if applicable) _____

Email Address: _____

Course Name: _____ **Day/Time** _____

Location: _____ **Fee:** _____

After mailing this registration form, assume you are registered unless otherwise notified.

Refund Policy: If a student withdraws from a course, the following schedule will apply:

- 1) Prior to or after one class: 100 percent refund of tuition and fees.
- 2) No refund after the first class