“Hello” from Washougal Community Education & Recreation (WCER)

WCER is a department of the Washougal School District and receives funding from the City of Washougal. As a service organization, our goal is to meet the needs of east county citizens, of all ages, with programs relevant to the area’s unique lifestyle.

Classes are self-supporting and taught by knowledgeable instructors who share their talents.

“Thank you” to all past and present instructors, facilitators, and coaches for your contributions.

We want to bring your skills and expertise to your friends and neighbors through the use of your local school facilities. If you are interested in teaching a class, please contact Kathy Douglas-Evans, 360-954-3040.

On-site Office Registration
Checks (payable to WCER) or exact cash only

**New Address**
Washougal S.D. Administration Building
4855 Evergreen Way
Washougal, WA 98671

April 7-June 27, Monday-Friday
9:00 a.m. - 4:00 p.m.

June 30-August 29, Monday-Thursday
9:00 a.m. - 3:00 p.m.

Limited Class Sizes
All classes have a student enrollment limit. Pre-register early.

**Mail Registration**

**New Address**
WCER
4855 Evergreen Way
Washougal, WA 98671

- If you need a receipt, include a self-addressed, stamped envelope.

**Refunds**
Prorated refunds may be given if the office is notified prior to the second class. Refunds will be given for one-day classes if the office is notified 2 days prior to class. A $5.00 processing fee will be charged.

**REGISTRATION FORM**

Office Use Only: √ # __________________________ Rec. # __________________________

Student’s Name (please print): Last ___________________________ First ___________________________

Parent’s Name (if student is under age 18)__________________________________________________

Phone: Home # ___________________________ Work # ___________________________ Cell # ___________________________

Email Address______________________________

Address______________________________

City_________________________ State_________ Zip______________ Male___ Female___

Youth Information: D.O.B._________ Grade ____ School__________________ T-shirt Size______

<table>
<thead>
<tr>
<th>Code #</th>
<th>Class Title</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_________________________ has my permission to participate in this WCER activity. I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I intend to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity.

Parent/Guardian Signature ___________________________ Date ___________________________