

REGISTRATION POLICIES

REFUNDS

- All classes have enrollment limits. If you enroll in a class that is already full, you will be issued a refund.
- A full refund will be made if a class is cancelled by ECCT.
- No refunds will be given if a student drops out of a class or cancels their registration. No exceptions.

CLASS CANCELLATIONS

A minimum number of students are required before a class can be offered. ECCT reserves the right to cancel a class if enrollment numbers are not met.

CLASSROOM BEHAVIOR

Disruptive/disrespectful behavior is not tolerated and will result in expulsion from class with no refund.

CLASS LOCATIONS

All classes will be held at ECCT. Some classes may include offsite activities at Cannery Park, a five-minute walk from ECCT.

REGISTRATION DEADLINES

Registration deadline for June Classes is **MAY 23, 2025**. Deadline for July classes is **JUNE 27, 2025**. After these dates, classes with low enrollment may be cancelled. Registrations will be accepted after the deadline for any classes with room, but please call 715-839-8877 for class availability.

ATTENTION STUDENTS IN THESE DISTRICTS:

School District of Altoona – Code: ALI
Augusta Area School District – Code: AUG
Chippewa Falls Area Unified School District – Code: CF
Eau Claire Area School District – Code: ECASD
Elk Mound Area School District – Code: EM
School District of the **Menomonie** Area – Code: MEN

For students currently RESIDING in any of these districts, the school district will cover the registration fee regardless of where you attend school. Put your school district code listed above under FEE on your registration form for the class(es) being paid for by the district where you live. **You must register by MAIL or IN PERSON to use these codes. This option is not available online.**

PLEASE NOTE:

District residency is based on where you live, ie: where you pay taxes. A student who lives in Altoona and attends school in Fall Creek would qualify for free classes. A student who lives in Fall Creek but attends school in Eau Claire would not.

QUESTIONS? 715-839-8877 or info@ecct.org

ECCT SUMMER 2025 CLASS REGISTRATION FORM

CHILD'S NAME _____ AGE _____

ECASD ONLY: DISTRICT STUDENT ID NUMBER _____

GENDER _____ CURRENT SCHOOL _____

SCHOOL ENTERING FALL 2025 _____ GRADE FALL 2025 _____

~~DEAF STUDENT~~ CURRENT IEP or 504 PLAN? YES NO

ANY ALLERGIES/MEDICAL CONDITIONS? _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____

CITY/ST/ZIP _____

PARENT EMAIL _____

All registration confirmations will be sent by email. Please print neatly!

DAYTIME PHONE _____ EMERGENCY PHONE _____

CLASS	DATE(S)	TIME	FEE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GRAND TOTAL \$ _____

_____ Cash (in person only) _____ Check Payable to “ECCT” Enclosed

_____ Charge my: _____ Mastercard _____ Visa Exp. Date _____ CVV _____
(3 digit code on back)

Card Number _____

Signature _____

I agree to hold ECCT, its Board of Directors and employees free and harmless from any and all claims, costs, losses, damages, and expenses of any nature or kind which may be incurred by participation in ECCT summer activities. I have read and will abide by ECCT's registration policies.

Parent/Guardian Signature _____ Date _____

**MAIL COMPLETED FORM WITH PAYMENT TO:
ECCT 1814 Oxford Avenue Eau Claire, WI 54703**