

# REGISTRATION & INFORMATION



## New Online Registration Process

### No more fees to register online

◆ Step 1: Go to [www.whitebearregistration.org](http://www.whitebearregistration.org)

◆ Step 2: Set up an account.  
Click on Create Account.

Enter in all of the contact information and create a password. Your email will be your login.

◆ Step 3: Register for classes online.

## Facility Reservations

[Facilities@isd624.org](mailto:Facilities@isd624.org)

All requests for facility use within the White Bear Lake Area School District #624 should be made on either the Facility Scheduling Voice Mail Line, (651) 407-7503, or email your request to: [facilities@isd624.org](mailto:facilities@isd624.org).

Requests should be made at least one week prior to desired reservation date. When the date is less than one week, we will do our best to accommodate your request, but some requests may not be available.

Your request will be responded to within two working days.

## UCare Discount

UCare members may be eligible for a \$15 discount on most classes in this catalog. If a class is less than \$15, the member may take the class free of charge. UCare for Seniors members are limited to one \$15 discount per year. Members must be on UCare at the time of registration, and through the duration of the class(es). Members need to include their UCare ID number when registering. This discount cannot be used for the following classes: Private lessons, alcohol-related activities, high risk activities (sky diving, rock climbing, etc.), and gambling trips.

## Your Privacy is Important to Us.

The registration information you provide to White Bear Lake Area Schools Community Services and Recreation is considered private data under state and federal law.

We use the information you provide for the purposes of administering the activity, to contact you about upcoming activities, events, or activity changes.

While you may choose to withhold this information, this could limit the distribution of information to the participant or instructor (e.g., no team roster or class list).

Access to contact information is limited to individuals involved in the activity.

# REGISTRATION

## Sign Up Today



### By Mail

You can mail your sign-up form and payment to the following address. Checks should be made payable to Community Services.

*Community Services  
4855 Bloom Avenue  
White Bear Lake, MN 55110*



### Online

You can sign up for many of our classes and activities on our secure Web site at [www.WhiteBearRegistration.org](http://www.WhiteBearRegistration.org)



### Fax

You can fax your sign-up form with credit card authorization to (651) 407-7502.



### Walk In

You are always welcome to come in and sign up in person. The Community Services office is located in the White Bear Lake Area School District Center, Room 106 at 4855 Bloom Avenue. The District Center is adjacent to Central Middle School.

Office hours are 7:30 am-4:30 pm. An after-hours drop box is available outside the office.

## Refunds & Prorating

Full refunds or credits are given if the class is canceled or filled. If you withdraw from a class, an administrative/processing fee will be charged based on the amount of the registration. Classes under \$50 have a \$5 refund processing fee, \$50-\$149 have a \$10 refund processing fee, \$150-\$399 have a \$20 refund processing fee, and \$400 and up have a \$30 refund processing fee. Refunds are not issued after a class has begun. Notify Community Services if you need to cancel out of a class immediately as refunds are not given after class has begun. There are no prorated fees for classes.

## Class Confirmation

Community Services does not send class confirmations. Assume that you are in the class and that it will be held at the time and place indicated. Community Services will contact you by telephone or mail if there is a change.

Please list a daytime telephone number so Community Services can reach you if a class is cancelled at the last minute. Community Services assumes no responsibility for reaching those who do not provide a daytime telephone number. Please note on the sign-up form if you would like a receipt for tax purposes.

## UCare Discount

All UCare Minnesota members may take up to a \$15 discount per class on most classes. See page 53 for complete details.

## Fee Assistance

Community Services strives to make each activity, class, program or service high in value and quality. If your financial circumstances would prohibit you from signing up, please call to arrange a payment plan or to inquire about fee assistance.

## Do You Have a Disability?

Do not let it be a barrier to enjoying the wide variety of class offerings in this catalog. Please call to discuss accommodations.

## Satisfaction Guaranteed

Please call if you are not satisfied with any Community Services and Recreation Department class or activity in which you participated.

## Questions?

If you have questions about anything contained in this catalog, please call the appropriate telephone number on page 2 or the Community Services and Recreation Department general telephone number (651) 407-7501.

**White Bear Lake Area Schools**  
**Community Services & Recreation Department**

4855 Bloom Avenue, White Bear Lake, MN 55110  
Sign up online at [www.WhiteBearRegistration.org](http://www.WhiteBearRegistration.org)

Class Name	Class Number	Location	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Participant's Name \_\_\_\_\_ Total Fee \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
If a minor: Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact (other than parent) \_\_\_\_\_  
Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_

If an after-school program: At the end of the program, my child will:  
Be picked up \_\_\_\_\_ Transport him/herself home \_\_\_\_\_ Return to Extended Day \_\_\_\_\_  
Do you or your child have any special needs we should be aware of? \_\_\_\_\_

Payment Type: Check \_\_\_ Cash \_\_\_ Charge my: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_  
Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Cardholder's Name (print) \_\_\_\_\_ Signature \_\_\_\_\_  
Billing Street Address \_\_\_\_\_ ZIP \_\_\_\_\_



Discount Information

Member Number \_\_\_\_\_ Member Name \_\_\_\_\_

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Class Name	Class Number	Location	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Participant's Name \_\_\_\_\_ Total Fee \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
If a minor: Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact (other than parent) \_\_\_\_\_  
Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_

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Discount Information

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