

*Dover-Sherborn Community Education
Winter/Spring 2019*

*Dr. Andrew Keough,
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*Telephone: 508 785-0480 X 2020
www.doversherborn.org*

Current Procedures 2019

Payment: We accept checks, credit cards (Visa, MC) & cash. **(SEPARATE CHECKS FOR EACH COURSE PLEASE)**

Credit Cards: Call 508 785-0480 x 2020 any time and leave information on our secure voicemail. **VISA & MC only.**

Checks: Payable to Dover Sherborn Community Education, separate checks for each course please, mail to 29 Cross Street, Dover, MA 02030. (Chickering School)

On-Line Registration: <https://dscommmed.communityroot.com/index/registration>. **VISA or Mastercard only.**

Class Confirmations: You will not receive a confirmation. We will contact you with any problems.

Number of Class Sessions: **Classes meet once unless multiple sessions are noted in parentheses beside the course headings, i.e.(8).**

Class Locations: (1) Dover-Sherborn High School (DSHS) 9 Junction Street, Dover, (2) Lindquist Commons (Cafeteria/Auditorium) 9 Junction Street, Dover, (3) D/S Middle School (DSMS) 155 Farm Street, Dover, and certain offsite locations as noted in each course description.

Handicapped Access: All of our buildings are handicapped accessible. Call for assistance or more details.

Weather Cancellations: Whenever classes in Dover-Sherborn Public Schools are cancelled, Adult Education classes are cancelled. Cancellations are announced on local radio and television stations or you may call 508-785-0480 x 2020.

Changes: Community Education reserves the right to cancel classes that are under enrolled, change times, locations and substitute instructors.

Course Refunds: Community Education reserves the right to determine if a refund is due and whether it will be course credit or refund of payment. **No refunds will be granted for withdrawals made less than (5) five business days before the date a class is scheduled to begin.** Course withdrawals made (5) five business days or more in advance of the beginning of a class will be reviewed on an individual basis.

Name: _____

Address: _____ Town: _____ Zip: _____

Home phone: _____ Cell: _____ Work: _____

Email: _____

MC/VISA # _____ Exp. _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

Class #: _____ Class Name: _____ Fee: _____

I hereby release sponsors, Towns of Dover and Sherborn, the regional schools, its employees, agents and officers from responsibility for any and all associated losses, injury or damage resulting from participation in this activity.

Signature _____