

**CHRISTINA CULTURAL ARTS CENTER, INC.**  
**705 N. MARKET STREET WILMINGTON, DE 19801-3008**  
**302-652-0101 fax: 652-7480**

**REGISTRATION FORM**

*(All information must be completed before the form will be processed)*  
*(You must provide proof of income and make an initial deposit at the time of registration)*

**Student Information: (Please print clearly)**

**Student #1**

	Last Name	First Name	MI	Sex	Age	Birthdate
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**Student #2**

	Last Name	First Name	MI	Sex	Age	Birthdate
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**Race/Ethnicity: Student #1**

African American  White   
 Native American  Middle Eastern   
 Latin American  Caribbean   
 Asian American  African  Other

**Race/Ethnicity: Student #2**

African American  White   
 Native American  Middle Eastern   
 Latin American  Caribbean   
 Asian American  African  Other

**Parent/Guardian Information:**

Last Name	First Name	M.I.	Relationship to student
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Number & Street	Apartment #
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City	State	Zip	Email Address
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Phone (Home)	Phone (Work )	Phone (Cell)
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Highest Level of education completed by parent Currently enrolled Yes \_\_\_ No \_\_\_ Name of School \_\_\_\_\_

**Education: Student #1**

PreSchool/ Kindergarten (3-5 yrs.) \_\_\_\_\_ Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School \_\_\_\_\_

**Type of School**

Public \_\_\_\_\_ Charter \_\_\_\_\_ Private \_\_\_\_\_ Parochial/Faith Based \_\_\_\_\_ Independent \_\_\_\_\_ Home School \_\_\_\_\_

Current Grade \_\_\_\_\_ Please list name of school \_\_\_\_\_

College or Trade \_\_\_\_\_ Are you currently enrolled? \_\_\_\_\_ Please list name of school \_\_\_\_\_

**Circle Highest Education Completed :** High School/GED Associates Degree Bachelors Degree Masters Degree Doctorate Degree  
 Technical/Trade

**School District:**

Christina \_\_\_\_\_ Appoquinimink \_\_\_\_\_ Red Clay Consolidated \_\_\_\_\_ Colonial \_\_\_\_\_ Brandywine \_\_\_\_\_ Other \_\_\_\_\_

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**Education: Student #2**

PreSchool/ Kindergarten (3-5 yrs.) \_\_\_\_\_ Elementary \_\_\_\_\_ Middle \_\_\_\_\_ High School \_\_\_\_\_

**Type of School**

Public \_\_\_\_\_ Charter \_\_\_\_\_ Private \_\_\_\_\_ Parochial/Faith Based \_\_\_\_\_ Independent \_\_\_\_\_ Home School \_\_\_\_\_

Current Grade \_\_\_\_\_ Please list name of school \_\_\_\_\_

College or Trade \_\_\_\_\_ Are you currently enrolled? \_\_\_\_\_ Please list name of school \_\_\_\_\_

**Circle Highest Education Completed :** High School/GED Associates Degree Bachelors Degree Masters Degree Doctorate Degree  
Technical/Trade

**School District:**

Christina \_\_\_\_\_ Appoquinimink \_\_\_\_\_ Red Clay Consolidated \_\_\_\_\_ Colonial \_\_\_\_\_ Brandywine \_\_\_\_\_ Other \_\_\_\_\_

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**Household Family Size:**

**Marital Status:**

# of Adults \_\_\_\_\_ # of Children \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

**Total Household Income:**

\_\_\_\_\_ Below \$5,000 \_\_\_\_\_ \$5,001-\$10,000 \_\_\_\_\_ \$10,001-\$15,000 \_\_\_\_\_ \$15,001-\$20,000  
\_\_\_\_\_ \$20,001-\$25,000 \_\_\_\_\_ \$25,001-\$30,000 \_\_\_\_\_ \$30,001-\$35,000 \_\_\_\_\_ \$35,001-\$40,000  
\_\_\_\_\_ \$40,001-\$45,000 \_\_\_\_\_ \$45,001,\$50,000 \_\_\_\_\_ \$50,001-\$60,000 \_\_\_\_\_ \$60,001-\$70,000  
\_\_\_\_\_ \$70,001-\$80,000 \_\_\_\_\_ 80,001-up

If you are a new student, how did you hear about CCAC?

\_\_\_\_\_ Newspaper \_\_\_\_\_ Brochure \_\_\_\_\_ Radio/TV \_\_\_\_\_ Phone \_\_\_\_\_ Friend \_\_\_\_\_ Yellow Pages

How long have you studied at CCAC? \_\_\_\_\_

Scholarship Request: Merit \_\_\_\_\_ Potential \_\_\_\_\_ Financial \_\_\_\_\_ Are you on CCAC's mailing list? \_\_\_\_\_

**Registration/Attendance Policy:**

- Your class is not reserved until a financial commitment (1/3 deposit) is made. Balance is due in full by the 7<sup>th</sup> week of the session except the summer which is due by the 4<sup>th</sup> week.
- Current student reservation and deposit must be received by the registrar's office by the due date or you will be in danger of losing your lesson time.
- No refunds will be given after 10 days from the date of registration or if there is a balance due to CCAC for any reason. Anyone who cancels a class after this time and before the session has ended will be responsible for the cost of the entire session. All unpaid accounts at the end of each session are turned over to a collection agency.
- After two (2) consecutive unexcused absences, you will be dropped from the roster, (an unexcused absence is defined as an absence without prior notice.)
- Any changes in class schedule must be approved through the registrar's office.
- In the event of school closing or an instructor's absence, a make-up class will be given, (does not include holidays or a state of emergency).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Class Selection Information:**

Session: W/S \_\_\_ S \_\_\_ F \_\_\_ Family Size: \_\_\_ Fee Scale: \_\_\_ Total Cost: \_\_\_  
ArtSummer \_\_\_ PreSchool Academy \_\_\_ Arts Education \_\_\_ Evening/Sat. Outreach \_\_\_ Performing Ensemble \_\_\_  
Name of Site \_\_\_\_\_

(For Office Use Only)

<b>Class Student #1</b>	<b>Day</b>	<b>Time</b>	<b>Instructor</b>	<b>Fee</b>
1.				
2.				
3.				
4.				
5.				
6.				
<hr/>				
<b><u>Student #2</u></b>				
1.				
2.				
3.				
4.				
5.				
6.				





**CCAC Student Health Form**

Does the student have Epilepsy? Yes( ) No( )      Diabetes Yes( ) No( )

Explanation of any reported convulsions, concussion or loss of consciousness.

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Does the student's condition preclude your or your child from certain activities?

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Any treatment to be continued at Christina Cultural Arts Center?

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Any medication to be administered at Christina Cultural Arts Center? \_\_\_\_\_

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Any prescribed meal plan or dietary restrictions? \_\_\_\_\_

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Any allergies to food, drugs, insect, plants, etc. \_\_\_\_\_

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## CCAC Student Health Form

Immunization History: Required immunization must be determined locally. Please record the month and year of basic immunization and most recent booster doses accompanied by a form filled out by your physician.

Date of Immunization	Basic	Last Booster
DPT (Diphtheria-Petussis-Tetanus) or DPT (Diphtheria-Tetanus)	_____	_____
Oral of Injectable Polio	_____	_____
MMR (Measles-Mumps-Rubella)	_____	_____
Tuberculin (most recent)	_____	_____

In the event of an emergency, I give my consent for Christina Cultural Arts Center's staff to authorize treatment as prescribed by an attending physician for my child or myself, and I am responsible for all medical costs.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_