

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 ___

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

Newspaper ___ Brochure ___ Radio/TV ___ Phone ___
 Friend ___ Yellow Pages ___ Website ___ Flyers/Ads ___

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-Student #1

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 _____

Education: Student #2

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

Type of School: Student #2

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 ___

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

Are you on CCAC's mailing list? ___

How long have you studied at CCAC? _____

Scholarship Request: Merit ___ Potential ___ Financial ___

Registration/Attendance Policy:

- Your class is not reserved until a financial commitment (1/3 deposit) is made, 1/3 is due the 6th week and the balance is due the 11th 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: _____

**CHRISTINA CULTURAL ARTS CENTER, INC.
STUDENT HEALTH FORM**

Student's Name _____
Last
First
M.I.

Address _____
Street
City/State/Zip Code

Date of Birth _____ Sex _____ Ethnic Origin _____

Parent's Name (if applicable) _____

Employer _____

Home Phone # _____ Work # _____ Cell # _____

Emergency Contacts:

#1 _____
Name Relation Home & Work #

#2 _____
Name Relation Home & Work #

The above student has been given a health examination by a licensed physician within the past two years. Date _____

Physician _____
Name Phone #

The student is under care of a physician for the following condition(s) _____

Current treatment (include medication) _____

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

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

CCAC Student Health Form

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

Any treatment to be continued at Christina Cultural Arts Center?

Any medication to be administered at Christina Cultural Arts Center? _____

Any prescribed meal plan or dietary restrictions? _____

Any allergies to food, drugs, insect, plants, etc. _____

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 _____

First Student



PHOTOGRAPHY RELEASE CONSENT FORM

Christina Cultural Arts Center

I _____ grant my full and irrevocable consent to Christina Cultural Arts Center (CCAC) (as well as its legal representatives, licensees, successors, and assigns) to use, reuse, reproduce, copyright, renew copyright and license for commercial or artistic purposes photographic portraits of me or in which I may be included, in whole or in part, with or without objects, text or translations, and with or without my name or a fictitious name or accompanying quotations.

By my signature below, I understand that such grant allows the use of these photographs in any media for art, advertising, marketing, trade, workshops or other presentations or for publication in books, brochures, newsletters, articles, websites or videos.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use in which it may be applied.

I hereby release, discharge and agree to hold harmless CCAC, their legal representatives, licensees, successors or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of the use of such photograph(s), whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

I hereby state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof and consent to the terms of this release form.

Name: _____

Signed: _____

Witness: _____

Date: _____

CONSENT BY PARENT OR GUARDIAN, IN CASE OF MINOR

As a parent or legal guardian of person(s) named above, I hereby state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof and consent to the terms of this release form.

Name: _____

Signed: _____

Witness: _____

Date: _____

Second Student



PHOTOGRAPHY RELEASE CONSENT FORM

Christina Cultural Arts Center

I _____ grant my full and irrevocable consent to Christina Cultural Arts Center (CCAC) (as well as its legal representatives, licensees, successors, and assigns) to use, reuse, reproduce, copyright, renew copyright and license for commercial or artistic purposes photographic portraits of me or in which I may be included, in whole or in part, with or without objects, text or translations, and with or without my name or a fictitious name or accompanying quotations.

By my signature below, I understand that such grant allows the use of these photographs in any media for art, advertising, marketing, trade, workshops or other presentations or for publication in books, brochures, newsletters, articles, websites or videos.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the advertising copy or printed matter that may be used in connection therewith or the use in which it may be applied.

I hereby release, discharge and agree to hold harmless CCAC, their legal representatives, licensees, successors or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of the use of such photograph(s), whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof.

I hereby state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof and consent to the terms of this release form.

Name: _____

Signed: _____

Witness: _____

Date: _____

CONSENT BY PARENT OR GUARDIAN, IN CASE OF MINOR

As a parent or legal guardian of person(s) named above, I hereby state that I have read the above authorization, release and agreement, prior to its execution and that I am fully familiar with the contents thereof and consent to the terms of this release form.

Name: _____

Signed: _____

Witness: _____

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 _____

Student #1 _____

Class	Day	Time	Instructor	Fee (For Office Use Only)
1.				
2.				
3.				
4.				
5.				
6.				

Student #2 _____

Class	Day	Time	Instructor	Fee
1.				
2.				
3.				
4.				
5.				
6.				

Session: W/S__ S__ F__

Family Size: ____

Fee Scale: _____

Total Cost: _____

Amount Paid	Receipt #	Signature	Date	Balance Due

Comments/Actions: _____

