

**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**Household Family Size:**

**Martial 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 6<sup>th</sup> week and the balance is due the 11<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: \_\_\_\_\_



**CCAC Student Health Form**

Does the student's condition preclude you 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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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.

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Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

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

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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.				

