

Winter Registration Form 2026

Name: _____ **Age:** _____

Student Registered Day to Attend: (Monday) (Tuesday) (Thursday)

Payment Method:(Paypal) (Cash) (Payment Plan) (Scholarship)

If (Check) please write check # _____

Parent or Guardian's Name: _____

Home Address: _____

Email: _____

Phone: _____

Emergency Phone: _____

Student's Allergies or Medical Conditions: _____

**Media Release: I do/ do not give permission for photos of my child to be
used in the media by Carnegie Arts Center for promotional purposes. Please
sign:**

x _____ **Date** _____

Anything else that you feel CAC should know regarding your student: _____
