

Winter Registration Form 2025

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Circle Payment Method: (Paypal) (Check) (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: \_\_\_\_\_

\_\_\_\_\_