

Summer Registration Form 2024

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: _____
