

# REGISTRATION



Student Name \_\_\_\_\_  
 Age (if under 18) \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Cell \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 School/District \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State/Zip \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 May we e-mail your confirmation to the above address? \_\_\_\_\_  
 May we e-mail CCArts updates to the above address? \_\_\_\_\_  
 CCArts will send you confirmation of your class registration. If you do not receive one, please contact us to, make sure you are registered *before* the first day of class.  
 How did you hear about CCArts? \_\_\_\_\_

Are you a CCArts Member? Yes \_\_\_ No \_\_\_ Exp. date \_\_\_\_\_

**\*REGISTERING AFTER MARCH 22:**  
 Please add late registration fees: \$20 per class, \$10 per workshop

Class Name/Number	Day/Time	Fee
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Membership Fees:  \$35 student/senior  \$45 Individual  \$70 Family

Total Class Fees \$ \_\_\_\_\_  
 \*Late Fees \$ \_\_\_\_\_  
 Membership Fee \$ \_\_\_\_\_

**To offset Merchant Credit Card Fees, 2% will be added to credit transactions.**

Would you like to contribute to our scholarship program?.....Donation \$ \_\_\_\_\_  
 Would you like to contribute to CCArts Endowment Fund?.....Donation \$ \_\_\_\_\_  
 Please bill my:  Visa  Master Card Total Enclosed \$ \_\_\_\_\_  
 Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
 Check here if your child has anaphylactic reactions to food. CCArts will contact you.  
 Any Medical Conditions/Allergies/Special Needs \_\_\_\_\_

Office Use Only:  
 Date: \_\_\_\_\_

**Register Early!**  
**EARLY ENROLLMENT ENDS MARCH 22**

Classes not reaching minimum enrollment one week prior to class starting date will be cancelled.  
**Withdrawals or transfers made at least two weeks prior to the start of class will incur a \$12 processing fee.**  
**No refunds will be given for withdrawals made within two weeks of the first class, regardless of registration date.**

Send to:  
**Center for the Creative Arts**

PO Box 146  
 Yorklyn, DE 19736  
 Phone:

**(302) 239-2434**  
 Fax:

**(302) 489-0120**  
**www.ccartarts.org**

CCArts reserves the right to change, withdraw or modify courses of instruction at any time and to withdraw any student whose conduct is deemed unacceptable.  
 CCArts staff and/or Board of Directors cannot be held liable for personal injury or damage to or loss of personal property. The submission of the registration form cites understanding of this clause.  
 Submission also grants CCArts permission to use photographs taken for educational or promotional purposes.  
 While every precaution is taken, CCArts is not responsible for typographical errors in this schedule.