



Registration Form

- Please complete one form for each child -

New Student Returning Student

Student's Name

Date of Birth

M F

Gender

Name of School My Child Attends and Upcoming Grade Level

Arts Areas In Which My Child Currently Participates

For Year 1 students only:

I would like my child to attend classes on: Mondays from 5:45 – 7:15 pm **OR** Tuesdays from 5:45 – 7:15 pm



Contact Information

Mother's or Guardian's Name

This person may pick up my child after class

Father's or Guardian's Name

This person may pick up my child after class

Home Phone Cell Phone

Home Phone Cell Phone

Work Phone

Work Phone

Email Address

Email Address

Mailing Address

Mailing Address

City

State

ZIP Code

City

State

ZIP Code



Emergency Contacts

Name of Emergency Contact (other than parent or guardian)

This person may pick up my child after class

Name of Emergency Contact (other than parent or guardian)

This person may pick up my child after class

Home Phone Cell Phone

Home Phone Cell Phone

Work Phone

Work Phone



Release from Class

I understand that students will only be signed out by a parent or guardian as specified in the sections above (↑)



Health Information

Please list any allergies / Special health considerations: _____



Scholarship Request

The information provided in this section will not be shared with any other institution or any person. The information you provide will not be used in any way other than for determining your financial need for the tuition in this program. Your financial need is determined on a yearly basis. Each year, you will need to complete a scholarship request for your child. Families requesting scholarship assistance will be notified in writing of the results.

My child receives Free school lunches Reduced school lunches (Please attach school documentation)

Our annual household income is - (Check one box & attach a copy of your most recent tax return):

- | | | |
|-----------------------------------------|-----------------------------------------|-------------------------------------------|
| <input type="radio"/> 0 – \$20,000 | <input type="radio"/> \$50,001 – 65,000 | <input type="radio"/> \$95,001 – 120,000 |
| <input type="radio"/> \$20,001 – 35,000 | <input type="radio"/> \$65,001 – 80,000 | <input type="radio"/> \$120,001 – 150,000 |
| <input type="radio"/> \$35,001 – 50,000 | <input type="radio"/> \$80,001 – 95,000 | <input type="radio"/> \$150,001 – over |

Number of people in our household (adults and children): 2 3 4 5 6 _____

I have special circumstances that are not listed above that effect my financial situation: _____



Tuition

Tuition for the Discover Series is \$900. Refunds are offered 100% in full one week prior to the 1st class, at orientation, after which time no refunds for the class will be offered by CCE. Families have several options on tuition payments (full payment, recurring monthly payments of \$90 or two equal installments of \$450 each):

- I am paying full payment of \$_____ (Due one week prior to 1st day of class. Please complete the separate Payment Form)
- I will be paying on a 10-month payment plan of \$_____ per month with my credit card. (Please complete the separate Payment Form)
- I will be paying in two equal installments of \$_____ (First payment due by the Week before 1st day of class. Second payment due on October 14th)
- I am applying for a Scholarship in order to receive free or reduced tuition. (See 'Scholarship Request' above)
- I am adding a donation (option) in the amount of \$_____
- My child's tuition will be paid by a sponsoring person or institution: _____

Parent or Guardian's PRINTED Name: _____

Parent or Guardian's SIGNATURE: _____ Date: _____