Creative Arts Center Registration Form 2024-2025

Name					
Date of Birth	Age	Sex			
Address					_
City/Zip Code					
Home Phone		_ Cell Phone			
Parent(s) Name					
Email (Please provi CAC information via		ldress you ch	eck often- we	provide all imp	portant
Emergency Name a	nd Number				
Class(es)					
Check One: Y meml	ner Non	member			
Number of years da					-
Are there any physi should be made aw	are of? () yes	() no		ne teachers	
If so, what?					
Do you currently ha		nber on file w	ith the Center	for CAC classe	s?
Would you like to u		r for 2023-20)24 classes? Y	es No _	
*Information/Phot					
Please check the ap			_		
taping my child for	-		-	ıres, newspape	ers,
recruitment videos,) or for on-site	e activity pur	poses.		
I DO give the `	YMCA staff per	mission to ta	ıke my child's	picture for	
promotional purpos	es or on-site a	activities.			
		-	to take my ch	ild's picture fo	r
promotional purpos	es or on-site a	activities.			
Signature of Parent	:/Guardian				
				_ Date	