



464 Main Street, Beacon, NY 12508
845-338-7664 beacon@cce4me.org www.cce4me.org

Center for Creative Education Beacon Enrollment Form

Please fill out all the requested information. Enrollment must be completed for all youth under the age of 18. *Required

Contact Information:

*Name of Student(s): _____

*Gender: Female Male

*DOB: ___ / ___ / ___

*Ethnicity: African-American Asian Caucasian Hispanic/Latina(o) Native America Biracial Other

*Name of Parent or Guardian: _____

*Primary Address for Student(s): _____

*City: _____ *State: _____ *Zip Code: _____

*Parent's Cell: _____ *Student's Cell: _____

*Parent's E-mail: _____ *Student's E-mail: _____

*Emergency Contact Name: _____ *Relationship to Student: _____

*Emergency Contact Cell: _____ *Emergency Contact E-mail: _____

Liability Release

I hereby acknowledge that by attending and participating in this activity there is a possibility of physical illness or serious injury to my child(ren). I hereby release and forever discharge any and all rights and claims for injury, which may arise now or in the future against CCE and its directors, coaches, dancers and their representatives, for any and all damages which may be sustained while participating at CCE and at scheduled events. *Both legal guardian and student agree.*

Media Release

By participating in an activity offered by CCE, I authorize photography and videography for all publications and sales purposes.

CCE Program Fees:

_____ Drop-In: \$12 _____ 5 Class Card: \$50 _____ 10 Class Card: \$90

*Specialty classes are priced separately and are noted on the website

DONATIONS: Please bill me a in the amount of \$_____ one time/ per month as a donation toward youth programming and scholarships. *CCE is a 501c3. All donations are tax deductible.

*Parent/Guardian signature: _____

Date: _____