

Fall     Spring     Summer

# Registration form

TODAYS  
DATE

DATE | MONTH | YEAR



Complete, detach, and return page with payment to  
**Guadalupe Cultural Arts Center**

1300 Guadalupe Street • San Antonio, Texas 78207-5519  
210.271.3151 • Fax 210.271.3480 • www.guadalupeculturalarts.org

## Please Print

**How many years have you been a Guadalupe Student?**

New student     1st Semester     1-2 years     3-4years     5-6 years     other

full name \_\_\_\_\_

date of birth     female     male    age    grade

address \_\_\_\_\_ phone \_\_\_\_\_

work phone    cell phone    emergency phone

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

school attending    school district    city council district

referral \_\_\_\_\_ number in household \_\_\_\_\_

email address \_\_\_\_\_  receive email notices

**How did you hear about the Guadalupe Cultural Art Center classes?**

Student     Website     School     College/University     Newspaper     Other \_\_\_\_\_

### Ethnicity

Chicano(a)  
 Latino/Hispanic/Mexican-American  
 Indigenous     Asian-American  
 African-American     Anglo-American  
 Other \_\_\_\_\_

### Household Income (for statistic purposes)

\$0- 21,800     \$21,801-24,900  
 \$24,901-29,500     \$29,501-31,000  
 \$31,001-33,600     \$33,601 +

### Emergency contact:

name \_\_\_\_\_

telephone number(s) \_\_\_\_\_

parent's name(s) (if participant is under 18) \_\_\_\_\_

name(s) of person(s) to pick up participant from Summer Camp (if applicable) \_\_\_\_\_

### FOR STUDENTS UNDER THE AGE OF 18 YEARS

I hereby give my son/daughter permission to attend Guadalupe Cultural Arts Classes. In case of emergency during class time or field trips, I understand that proper medical aid will be sought and I will be responsible for all charges accrued. I will not hold the instructor, the Guadalupe Cultural Arts Center or any other partnership responsible. GCAC occasionally takes photographs or videos of classes or recitals. My signature is a photographic release for my son/daughter.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

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student signature \_\_\_\_\_ date \_\_\_\_\_

## FOR OFFICE USE ONLY

REGISTRATION DATE

DATE | MONTH | YEAR

SCHOLARSHIP

yes     no

Name of Class	Class Instructor	Class Dates	Class Times	Tuition