



705 N. Market Street, Wilmington DE 19801

STUDENT ENROLLMENT VERIFICATION FORM

INCOME ELIGIBILITY INFORMATION SECTION

Household Family Size: # of Adults _____ # of Children _____	Marital Status: Single _____ Married _____ Separated _____ Divorced _____
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Total Household Income: ___ Below \$5,000 ___ \$5,001-\$10,000 ___ \$10,001-\$15,000 ___ \$15,001-\$20,000 ___ \$20,001-\$25,000 ___ \$25,001-\$30,000 ___ \$30,001-\$35,000 ___ \$35,001-\$40,000 ___ \$40,001-\$45,000 ___ \$45,001-\$50,000 ___ \$50,001-\$60,000 ___ \$60,001-\$70,000 ___ \$70,001-\$80,000 ___ \$80,001-up
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*** Note: You are required to provide a paystub or W2 form as proof of income**

CHRISTINA CULTURAL ARTS CENTER, INC. STUDENT HEALTH INFORMATION SECTION

Parent's Name (if applicable) _____
Student's Name _____ Last First M.I.
Emergency Contacts (required):
#1 _____ Name Relation Home & Work #
#2 _____ Name Relation Home & Work #
Physician _____ Name Phone #
The student is under care of a physician for the following condition(s) _____ _____
Current treatment (include medication) _____
Does the student have Epilepsy? Yes () No () Diabetes Yes () No ()
Any medication to be administered at Christina Cultural Arts Center? _____ _____ _____
Any allergies to food, drugs, insect, plants, etc. _____ _____ _____
Parent/Guardian Signature _____ Date _____