

ARTS ENRICHMENT ACADEMY

FALL 2018

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

First Name: _____ Last Name: _____

Gender: ☐ Female ☐ Male Age: _____ T-Shirt Size _____

School: _____

Grade attending for Fall 2018: _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) - _____ Parent email: _____

Parent / Guardian name: _____ Parent / Guardian Cell: _____

Parent / Guardian name: _____ Parent / Guardian Cell: _____

Person's Authorized to pick up child: _____
(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Lunch: If you will be sending your child's lunch and or snack, please be sure that your child's lunch is clearly marked with your child's name and last name. Glass bottles/containers are not allowed.

Program Offerings and Fees:

- | | |
|--|---|
| <input type="checkbox"/> MW / 3PM – 6PM / \$300 | <input type="checkbox"/> MW Extended / 2PM – 7PM / \$400 |
| <input type="checkbox"/> TR / 3PM – 6PM / \$300 | <input type="checkbox"/> TR Extended / 2PM – 7PM / \$400 |
| <input type="checkbox"/> MTWR / 3PM – 6PM / \$600 | <input type="checkbox"/> MTWR Extended / 2PM – 7PM / \$800 |

Payments: Tuition may be paid by cash, card, or by check.

Make the check payable to: **KCK Productions LLC**. Payments can be paid in full at the start of the program or can be made on a plan according to the following schedule:

September 21, 2018 – 1/3 of Program Fee

October 19, 2018 – 1/3 of Program Fee

November 23, 2018 – 1/3 of Program Fee

Registration fee: \$25 **FREE!**

Contact Information

For more information, contact Kevin Marr, Program Administrator at 216-856-5466

Emails: studiotwoonesix@gmail.com

I understand that the first month's balance is due by September 21, 2018. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to every session.

DROP OFF AND PICK UP TIMES

Drop off time:

- 2PM for Extended Program
- 3PM for Standard Program

Pick up time:

- 7PM for Extended Program
- 6PM for Standard Program

A \$1 fee will be charged for every minute late after a 10 minute courtesy wait.

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

I hereby give permission to **Arts Enrichment Academy and KCK Productions LLC (D.B.A. Studio 216)** to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (child's name) _____ is in good mental and physical health condition to participate in the activities provided by **KCK Productions LLC (D.B.A. Studio 216)**, including but not limited to all aspects of dance training. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **KCK Productions LLC (D.B.A. Studio 216), its employees, contractors, and its staff** from liability to the above named child, of the person claiming through him/her, arising from injury to the person or property of the above named child occurring in the premises of **KCK Productions LLC (D.B.A. Studio 216)**, including any event sponsored or sanctioned by **KCK Productions LLC (D.B.A. Studio 216)**, and or travel to and from such activities.

I understand that **KCK Productions LLC (D.B.A. Studio 216)**, has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the program, etc.) or becomes involved in any activity or with any persons not associated with **KCK Productions LLC (D.B.A. Studio 216)**, or its scheduled program and that **KCK Productions LLC (D.B.A. Studio 216)**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____