

YES! I'd like to enroll!

Save time and register online at kcya.org



1 Student Legal Name: _____ **Student Nickname:** _____

age _____ date of birth _____ school _____ Student's first language _____
 new student continuing student male female
 *(optional) Caucasian African American Asian American Indian Hispanic other

Student Legal Name: _____ **Student Nickname:** _____

age _____ date of birth _____ school _____ Student's first language _____
 new student continuing student male female
 *(optional) Caucasian African American Asian American Indian Hispanic other

Student Legal Name: _____ **Student Nickname:** _____

age _____ date of birth _____ school _____ Student's first language _____
 new student continuing student male female
 *(optional) Caucasian African American Asian American Indian Hispanic other

*Providing this information is helpful to our funders.

2 Parent/Guardian Name(s): _____

address _____ city _____ state _____ zip _____
 home phone () _____ cell phone () _____ work phone () _____
 email _____ employer name _____

3 Emergency Contact: _____ phone () _____

4 Physician: _____ phone () _____

List medications or conditions (including ADHD) that we should be aware of: _____

5 Course Offerings

course name	Day	Time	Fee
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6 TOTAL PAYMENT DUE: _____ Cash (deliver to office—do not mail) PayPal (online enrollment only)
 Scholarship (application attached) Check or money order (to KCYA) Three installments (1/3 of tuition is due now)

7 VISA Mastercard Discover American Express

Card number _____ Expiration date _____ Code by signature strip of card _____
 Name on card _____ Signature _____

8 How did you hear about us? newspaper KCYA web site other website: _____
 word-of-mouth school presentation public event yellow pages mailing other: _____

9 Policies Agreement RELEASE / WAIVER I hereby agree to indemnify and hold harmless KCYA and its employees from and against any and all claims for personal injuries or damages of any kind arising from participating in the CSA program. Further, I authorize KCYA staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by KCYA staff to contact me in the event of an emergency involving my child and I agree to indemnify and hold harmless KCYA personnel in seeking medical care for my child.

REFUND POLICY Fees will be refunded, less a processing fee, if you withdraw from a program before the deadline. If you must withdraw after the deadline, no refund will be given, except for documented medical reasons. There are no exceptions to this policy. KCYA cannot provide make-up programs, refunds, or credits for days missed due to illness, personal schedule conflicts or other reasons.

PHOTO CONSENT By your signature, you agree that KCYA may use the above named student's photograph in the routine promotion of its classes and activities and for other non-commercial applications.

10 SIGNATURE _____ **date** _____