

KCYA Enrollment Form



Student (additional students on reverse)

Student Name: _____		Nickname: _____
Age _____	D/O/B _____	student's first language _____
<input type="radio"/> new student	<input type="radio"/> continuing student	<input type="radio"/> male <input type="radio"/> female
(optional) <input type="radio"/> Caucasian	<input type="radio"/> African American	<input type="radio"/> Asian <input type="radio"/> American Indian <input type="radio"/> Hispanic <input type="radio"/> other

Parent/Guardian

Parent/Guardian Name _____		Relationship _____
Address _____		City, State, Zip _____
Primary phone # _____		Additional phone # _____
email _____		
Emergency Contact _____		Phone # _____

Class/Camp information (additional space on reverse)

Class or Camp Name	Day	Time	Fee

Payment

\$ _____			\$ _____
Total amount due	<input type="radio"/> pay in full	<input type="radio"/> pay in 3 installments	<input type="radio"/> I wish to make a donation to the Scholarship Fund
<input type="radio"/> credit card	<input type="radio"/> cash	<input type="radio"/> check	<input type="radio"/> scholarship (please attach application)
Credit card number _____	exp. date _____	CVV code _____	
Name on card _____	Signature _____		

How did you hear about us? word of mouth: _____ mailing public event school presentation

newspaper KCYA website other website: _____ other: _____ referral

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/Video/Audio/Media Consent

By your signature, you acknowledge and agree that as a participant in a KCYA program that the named child(ren) may be subject to being photographed, videotaped, audio recorded or presented in the media. You agree that the named child(ren)'s likeness may be used by KCYA in the routine promotion of it's classes and activities in print, web and social media channels.

Signature _____	Date _____
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Student #2

Student Name:

Nickname:

Age

D/O/B

student's first language

new student continuing student

male female

(optional) Caucasian African American Asian American Indian Hispanic other

Student #3

Student Name:

Nickname:

Age

D/O/B

student's first language

new student continuing student

male female

(optional) Caucasian African American Asian American Indian Hispanic other

Student #4

Student Name:

Nickname:

Age

D/O/B

student's first language

new student continuing student

male female

(optional) Caucasian African American Asian American Indian Hispanic other

Class/Camp information

Student

Class or Camp Name

Day

Time

Fee
