

KCAI Registration Form or use our online enrollment at
<http://www.kcai.edu/spce/>

Kansas City Art Institute, Special Programs,
 4415 Warwick Blvd, Kansas City, MO 64111
Call 816 802 3505 | **Fax** 816 802 3456

Kansas City Art Institute
 Northland Campus for Special Programs
 1801 NW Platte Rd. #275, Riverside, MO 64150
Call 816-505-1443 | **Fax** 816-505-1249

 Last Name First Name

 Former Name SSN(required)

 Address

 City State Zip

 Phone Cell

 Email Address

 How did you hear about us?

Office Use Only

Date Received _____

Registration Date _____

Registered by _____

KCAI ID # _____

Conf _____ Ltr _____ email

CP Email Tally

CE Adult Youth

Grad HS

Demographic Information *(This information is optional. We are required to request for government purposes.)*

White Non Hispanic Hispanic Black Non Hispanic American Indian/Alaskan Native

Asian Pacific Islander Other _____

Male Female

Single Married

US Citizen Other Nationality

DOB: ____/____/____

Course Selection

 Course Number Course Title Amount Fee - Specify

 Course Number Course Title Amount Fee - Specify

 Course Number Course Title Amount Fee - Specify

Discount Type:

Alumni (10%) Auxiliary Group (10%) Senior Citizen 60+ (10%) Warwick Society (30%)

Discount Amount: \$ _____ (one class only)

I would like to make a donation in the amount of \$ _____ toward:
 _____ Scholarship Fund for children who would not otherwise be able to attend.
 _____ Special Programs Support (instructor supplies, new equipment, etc.).

KCAI is a 501(c)(3) non-profit organization so your donation is tax deductible.

TOTAL AMOUNT DUE: \$ _____

Mastercard/Visa/AmEx/Discover or CHECK (circle one) Number: _____

Expiration Date _____ Name on Card _____ Amt. _____

If credit card billing address is different than above please print here: _____

Please Note: Parents and guardians of students under 18 must fill out emergency form on next page.

Information and Emergency Contact Form for Students under 18 years

(Please Print)

Student Information

Last Name

First Name

Nickname

Date of Birth

Age

Grade

Gender

List allergies to food, insects, medications, etc. and list any food restrictions (i.e., vegetarian, kosher)

List any physical limitations or restrictions

Physician's name

Phone

List any medications, when they are taken and describe the medical conditions

Parent/Guardian Information

Please make sure information is accurate. In case of an illness/schedule change etc., we need to be able to reach you.

Parent/Guardian Name

Home Phone

Cell Phone

Work Phone

Alternate Number

Emergency Contact in case parent/guardian cannot be reached

Names of Emergency Contact

Relationship to youth

Home Phone

Cell Phone

Work Phone

Alternate number

Parent/Guardian Consent: Please read and sign

Signing indicates your consent to the enrollment of the above student at KCAI. Signature indicates your understanding that, in certain courses (16 and over), nude models are utilized for the purposes of academic study, and that you do not object to the student's participation in such courses.

Should any injuries occur during or as a result of participation in any class or workshop, I agree to indemnify and hold harmless KCAI and all employees, instructors and volunteers connected with KCAI.

As parent/guardian, I give KCAI permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will be made by KCAI staff to contact myself and/or the emergency contact person in the event of a medical emergency.

I authorize (name) _____ (daytime phone) _____ to pick up or deliver my child to KCAI. I understand that if I, or the person named above, is unable to pick up my child, I will provide a permission form to authorize another adult to pick up my child from KCAI.

Parent/Guardian Signature:

Date: _____