

KCAI Registration Form

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

Last Name First Name

Former Name SSN (required)

Address

City State Zip

Phone Cell

E-mail Address

How did you hear about us?

Office Use Only		
Date Received	_____	
Registration Date	_____	
Registered by	_____	
KCAI ID #	_____	
Conf	Ltr	E-mail
<input type="checkbox"/> E-mail	<input type="checkbox"/> Tally	
<input type="checkbox"/> CP	<input type="checkbox"/> CE	
<input type="checkbox"/> Grad		

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 _____ US Citizen Other Nationality
 Male Female Single Married

DOB: ____/____/____

Course Selection

Note: If you select credit, your grade will be part of your permanent record.

Course Number	Course Title	Credit/Non-Credit (You must circle one)	Amount	Fee - Specify
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If Discount, Discount Type:

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

Discount Amount: \$ _____ (one class only)

Phone Registration Fee (\$20) \$ _____

TOTAL AMOUNT DUE: \$ _____

Mastercard/Visa/AmEx/Discover (circle one) Number _____

Expiration Date _____ Name on Card _____ Amt. _____

Personal Check No. Name on Check Drawn On Received On Amt.

NOTE: PARENTS AND GUARDIANS OF STUDENTS UNDER 18 MUST FILL OUT EMERGENCY FORM ON NEXT PAGE.

**Continuing Education
Information and Emergency Contact Form for Students under 18 years**

Student Information

Last Name _____ **First Name** _____ **Nickname** _____

Date of Birth ____/____/____ **Age** _____ **Grade** _____

Allergies _____

Special Needs _____

Medications _____

Parent's Information

Parent's Name _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Pager** _____

Emergency Contact in case parent cannot be reached

Name of Emergency Contact _____ **Relationship to youth** _____

Home Phone _____ **Work Phone** _____

Cell Phone _____ **Pager** _____

Parent/Guardian Consent: Please read and sign

Please sign here indicating 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.

Parent Guardian Signature: _____ **Date:** _____

The undersigned understands that during class time it may be necessary for my child to receive immediate hospital and medical attention without my specific consent in order to protect the health and welfare of my child and other students at the Art Institute. In view of the foregoing, it is agreed that when, in the sole opinion of the Kansas City Art Institute, my child shall need hospital or medical care, or both, in order to protect the health and welfare of my child or other students at the Art Institute, that the Art Institute shall have the power, and is hereby authorized to see that my child is hospitalized or receive medical care, or both. It is understood and agreed that the Art Institute shall not be responsible for the cost of such hospital or medical care, and that the undersigned shall fully indemnify and hold harmless the Kansas City Art Institute, its trustees, officers, agents, and employees from any claim or liability resulting from its actions authorized hereunder.

Parent Guardian Signature: _____ **Date:** _____