

**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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
How did you hear about us?

**Office Use Only**

Date Received \_\_\_\_\_

Registration Date \_\_\_\_\_

Registered by \_\_\_\_\_

KCAI ID # \_\_\_\_\_

ML \_\_\_\_\_

R&B \_\_\_\_\_

Conf \_\_\_\_\_ Ltr \_\_\_\_\_ email

Email  Tally

CP  CE

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.

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

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**Discount Type:**

- Alumni (10%)     Auxiliary Group (10%)     Senior Citizen 60+ (10%)     Warwick Society (30%)
- Early Bird Discount Register before August 31, 2007 (\$20)

Discount Amount:        \$ \_\_\_\_\_ (one class only)

Phone Registration Fee (\$20) \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:**    \$ \_\_\_\_\_

Mastercard/Visa/AmEx (circle one) Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Name on Card \_\_\_\_\_ Amt. \_\_\_\_\_

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

<b>Last Name</b>	<b>First Name</b>	<b>Nickname</b>
____/____/____		
<b>Date of Birth</b>	<b>Age</b>	<b>Grade</b>
<b>Allergies</b>		
<b>Special Needs</b>		
<b>Medications</b>		

**Parent's Information**

<b>Parent's Name</b>	
<b>Home Phone</b>	<b>Work Phone</b>
<b>Cell Phone</b>	<b>Pager</b>

**Emergency Contact in case parent cannot be reached**

<b>Name of Emergency Contact</b>	<b>Relationship to youth</b>
<b>Home Phone</b>	<b>Work Phone</b>
<b>Cell Phone</b>	<b>Pager</b>

**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:** \_\_\_\_\_