



# Registration

## 2007-08 Classes and Resident Company

To register by mail: Kids Who Care, 1300 Gendy Street, Fort Worth, Texas 76107

To register by Fax: 817-737-2164 with credit card information.

No registration by phone.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade in Fall 2007 \_\_\_\_\_ Name of School: \_\_\_\_\_ Male/ Female (circle one)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Mother's Daytime Phone \_\_\_\_\_

Mother's Address *if different* \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Father's Daytime Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Address *if different* \_\_\_\_\_

Person Responsible for payment of account (if different than parent): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ phone \_\_\_\_\_

☆ List ONE email address to be used for official KWC Communciation \_\_\_\_\_

Ethnicity (Optional) **Please circle all that apply:**

African American Asian American Mexican American Hispanic/Latino Caucasian American Indian Other \_\_\_\_\_

### Kids Who Care Policies

- **Payment for the full course of study is due regardless of attendance or holidays.**
- Annual Payment is due September 1; Semester Payments are due September 1, and January 1. Monthly payments are due by the 1st class day of the month (**no invoices will be sent**).
- Tuition received on the 11th or after is considered late.
- A \$10 late fee will be assessed for any late payment.
- No refunds after the second class.
- No refunds or make-up classes will be scheduled if classes are cancelled due to inclement weather.
- Return check fee is \$10.
- \$25 Registration fee is non refundable.
- Our class schedule will follow the Fort Worth ISD inclement weather schedule.
- Consent is given for Kids Who Care to photograph my child during KWC activities for possible use in KWC approved publicity materials.
- Fall Semester runs September 4 - December 7, 2007
- Spring Semester runs January 8 - May 2, 2008

By signing below I acknowledge that I have read and will abide by the Kids Who Care class and payment policies and have consented to photography of my child.

Signature \_\_\_\_\_

Date \_\_\_\_\_

07-31-07

**Please check class selection and payment option.**

**Total Due**

**Monday & Wednesday Classes**

- Advanced Ballet : Monday 5:00 -6:30 PM 4th grade - 12th grade**  
 Semester \$300 @ \$75/month for 4 months\*       Semester Pd in Full \$280      \$ \_\_\_\_\_
- Hip Hop : Monday 5:00 – 6:00 PM 4th grade -12th grade**  
 Semester \$206 @ \$51.50/month for 4 months\*       Semester Pd in Full \$186      \$ \_\_\_\_\_
- Creative Dramatics : Wednesday 3:30 – 4:15 PM 4 years - Kindergarden**  
 Semester \$206 @ \$51.50/month for 4 months\*       Semester Pd in Full \$186      \$ \_\_\_\_\_
- Musical Comedy Workshop: Wednesday 5:00 – 6:30 PM 1st grade -12th grade**  
 Semester \$300 @ \$75/month for 4 months\*       Semester Pd in Full \$280      \$ \_\_\_\_\_
- Advanced Jazz: Wednesday 5:00 – 6:30 PM 4th grade -12th grade**  
 Semester \$300 @ \$75/month for 4 months\*       Semester Pd in Full \$280      \$ \_\_\_\_\_
- Martial Arts for the Actor Wednesday 5:00 – 6:00 PM 4th grade -12th grade**  
 Semester \$206 @ \$51.50/month for 4 months\*       Semester Pd in Full \$186      \$ \_\_\_\_\_

**Resident Company : *By Audition Only* 1st grade - University**

- Tuesday OR Thursday Classes 4:30 - 6:30 PM & Friday Rehearsal 4:30- 6:00 PM**  
 Semester \$440 @ \$110 /month for 4 months\*       Semester Pd in Full \$420      \$ \_\_\_\_\_
- Tuesday AND Thursday Classes 4:30 - 6:30 PM & Friday Rehearsal 4:30- 6:00 PM**  
 Semester \$680 @ \$170/month for 4 months\*       Semester Pd in Full \$660      \$ \_\_\_\_\_

All Resident Company members must also attend Friday rehearsal from 4:30-6:00 PM weekly.

\* **Monthly payment includes payment plan fee**      **Total Tuition for Class(es)**      \$ \_\_\_\_\_

**ONE TIME ANNUAL REGISTRATION FEE PER FAMILY \$ 25**

**Total Due for Semester**      \$ \_\_\_\_\_

**Amount I am paying today**      \$ \_\_\_\_\_

I have enclosed a check, made payable to **Kids Who Care**, for \$ \_\_\_\_\_ Check # \_\_\_\_\_.

Please charge my credit card \$ \_\_\_\_\_ for a one time payment.

MasterCard       Discover       Visa

Card Number \_\_\_\_\_ Zip Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

I authorize Kids Who Care to charge the above credit card \$ \_\_\_\_\_ per month until my balance of \$ \_\_\_\_\_ is paid in full.  
 Start date : 1st day of \_\_\_\_\_ (month).

Signature (as it appears on card) \_\_\_\_\_