

2017 KidPower Student and Camp Staff REGISTRATION FORM

Section A: FEES

CIRCLE ALL THAT APPLY AND TOTAL ON THE RIGHT

Camp/Student Staff Name	Mini Camp Leadership Fee	June Intensive Leadership Fee	July International Leadership Fee	\$ Total
1.	\$20	\$20	\$20	\$
These Camp Fees may be payroll deducted	____ (Initial) I want my fees deducted from payroll			\$
Section A: Total Fees				\$

Section B: EXTRA LEADERSHIP T-SHIRTS

You will receive ONE KidPower Leadership T-Shirt that you are required to wear to camp every day. If you would like to purchase additional T-Shirts for \$10 each, please indicate the size and amount below.

Leadership Level: ____ Student Staff ____ Camp (University) Staff

Leadership T-Shirts (Number and Size):

Youth: ____ S ____ M ____ L ____ XL

Adult: ____ S ____ M ____ L ____ XL ____ XXL

Number of T-Shirts Purchased:	_____	X	\$10	\$
Section B: Total KidPower Shirts				\$

PAYMENT INFORMATION

Card# _____

CVC# _____ Expires ____/____ Billing Zip _____

Name (on card) _____

Charge Today: \$ _____ OR Payment Plan: _____ (initial)

I authorize Kids Who Care to charge the above credit card

\$ _____ per month until my balance of \$ _____ is paid in full.

Balance must be paid in full prior to attendance of any camp

Credit Card is required if full payment is not made at registration (see below)

Parent Signature

Date

Payment

Total Amount Owed (A plus B)	\$
Amount to Deduct from Payroll	(\$)
Total Amount Owed (Total - Payroll Deduct)	\$
YES! I'd like to Donate to a Camp Scholarship	\$
Remaining Balance Due <small>(Total Owed minus Deposit)</small>	\$

By Signing this form you agree to the Kids Who Care Camp Drop, Refund or Return Check Policies Below

- Full Tuition payment is required prior to attending camp. If not paying in full today, credit card number is required.
- Any outstanding balance will be charged to the card information provided above on the first day of camp.
- No refunds or make-up days will be scheduled if camp is cancelled for weather related issues or other issues beyond our control.
- You must complete a "Drop Request" form by the third day of camp to be eligible for tuition refund. The \$100 Deposit is non-refundable.
- Returned Check and Declined Credit Card fee is \$25 per transaction. Late payment fee is \$10.
- Consent is hereby given for my child(ren), while at Kids Who Care, to participate in videos or photographs taken at KWC for KWC approved publicity.

Student/Camp Staff Information Form

Summer Musical Theatre Camp 2017

Student/Camp Staff Name: _____ M / F DOB ____/____/____

Mini June Intensive July International

T-SHIRT: YS YM YL AS AM AL AXL AXXL

Cell (____) ____ - ____ Email _____

Grade in Fall 2017 ____ School _____

Home Address: _____ City _____ State _____ Zip _____

****In Case of Emergency, we will contact Parent 1, followed by Parent 2****

Parent 1 Name: _____ Address (if different) _____

Phone ____ - ____ - ____ (home OR cell) Email _____

Employer _____ Business Phone _____

Parent 2 Name: _____ Address (if different) _____

Phone ____ - ____ - ____ (home OR cell) Email _____

Employer _____ Business Phone _____

My permanent address is outside the DFW area.

I will need help finding housing in the DFW area.

I will be staying in the DFW area with the following:

Host Family Name: _____

Host Address: _____ City: _____ State: _____ Zip: _____

Host Phone: _____ Host Email: _____

YES! I am interested in receiving information about hosting an International Student during July Musical Theatre Camp!

2017 Host Family Applications can be found on the Call Board at kidswhocare.org

CAMP QUESTIONS???

kidswhocare.org

Phone: 817-737-5437 Fax: 817-737-2164

1300 Gendy St.; Fort Worth, TX 76107