

2018 Kids Who Care Camp REGISTRATION FORM

Mini Camp (June 5 - 9) / June Intensive (June 10 - 24) / July International (July 8- 29)

Section A: TUITION

CIRCLE ALL THAT APPLY AND TOTAL ON THE RIGHT

Student Name	Mini Camp 4-7 Years Old	June Tuition 1st-12th Grade	July Tuition 1st-12th Grade	\$ Total
1.	\$375	\$900	\$900	\$
2.	\$375	\$900	\$900	\$
3.	\$375	\$900	\$900	\$
Section A: Total Fees				\$

Section B: OPTIONAL EARLY DROP OFF FEES

Student Name	June (8 AM) Early Drop Off	July (8 AM) Early Drop Off	\$ Total
1.	\$100	\$150	\$
2.	\$100	\$150	\$
Section B: Total Optional Fees			\$

Section C: DISCOUNTS

To receive discounts below, registration must be complete with a \$100 deposit April 1st, 2018

Discount Descriptions	Price	# Discounts	\$ Total
Early Full Payment Discount — June and July Camps <small>FULL PAYMENT must be received by April 1, 2018</small>	\$50 per family / per camp		\$
Early Full Payment Discount — Mini Camp <small>FULL PAYMENT must be received by April 1, 2018</small>	\$25 per family		\$
Multi Child Discount — Applies when registering 2 or more siblings for the same camp. June, July, or Mini Musical Theatre Camps. \$100 deposit required by April 1st per student per camp.	\$25 per additional sibling / per camp		\$
Dual Camp Discount -Applies per student enrolled in BOTH June and July Camp \$100 deposit required by April 1st per student per camp.	\$100 per student		\$
Section C: Total Discounts			(\$)

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 <small>Credit Card is required if full payment is not made at registration (see below)</small>	
Parent Signature _____	Date _____

Payment	
Total Fees (A plus B)	\$
Discounts (section C)	(\$)
Total Amount Owed (A plus B minus C)	\$
Deposit (\$100 per student /per camp)	\$
YES! I'd like to Donate to a Camp Scholarship	\$
Remaining Balance Due <small>(Total Owed minus Deposit)</small>	\$

By Signing here you agree to the Kids Who Care Policies Below. X _____

- 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.

Family Information Form

Summer Musical Theatre Camp 2018

Student #1 Name: _____ **M / F DOB** ____/____/____

Mini June Intensive July International **T-SHIRT:** YS YM YL AS AM AL AXL AXXL

Student Cell (____) _____ - _____ Student Email _____

Grade in Fall 2018 _____ School _____

Student #2 Name: _____ **M / F DOB** ____/____/____

Mini June Intensive July International **T-SHIRT:** YS YM YL AS AM AL AXL AXXL

Student Cell (____) _____ - _____ Student Email _____

Grade in Fall 2018 _____ School _____

Student #3 Name: _____ **M / F DOB** ____/____/____

Mini June Intensive July International **T-SHIRT:** YS YM YL AS AM AL AXL AXXL

Student Cell (____) _____ - _____ Student Email _____

Grade in Fall 2018 _____ School _____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

My student's permanent address is outside the DFW area.

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

Parent 1 Name: _____ **Address** (if different) _____

_____ **Phone** _____ - _____ - _____ home cell Email

Employer _____ **Business Phone** _____

Parent 2 Name: _____ **Address** (if different) _____

_____ **Phone** _____ - _____ - _____ home cell Email

Employer _____ **Business Phone** _____

Alt. Emergency Contact _____ **Relationship** _____ **Phone** _____ - _____ - _____

Person Responsible for Payment of Account _____

Billing Address _____ **Phone** _____

Bring a NEW Friend CREDIT: 1 CREDIT per new Student
\$50 Credit for June Intensive or July International/ \$25 for Mini Camp

- * One who has not previously attended Musical Theater Camp
- * A new student can only be claimed by one student
- * Does not apply to immediate family members
- * Credit will not be applied to your account until Kids Who Care receives your friend's application and full payment

List your friend's names below :

1. _____
2. _____
3. _____

Total Friend CREDIT _____

Your account will be credited upon receipt of friend's full payment

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

2018 Host Family Applications can be found on the Call Board at kidswhocare.org after Dec. 1

CAMP QUESTIONS???

kidswhocare.org

Phone: 817-737-5437 Fax: 817-737-2164
1300 Gendy St.; Fort Worth, TX 76107