

Spring 2018 Kids Who Care Musical Theatre Classes

Class Dates: February 5 - May 18

SECTION A: Theatre Classes (Pre K-8th Grade)

CIRCLE CLASS TIME & FEE THAT APPLIES AND TOTAL ON THE RIGHT

	Storybook Theatre Pre K - 1st Grade		Actor's Studio 2nd - 8th Grade		
Circle Your Class Selection to the Right --->	Mondays 3:30-4:15		Wednesdays 4:30-6:00		
Student Name	Pay In Full	Pay By Month	Pay In Full	Pay By Month	\$ Total
#1	\$225	\$85	\$325	\$118	
#2	\$225	\$85	\$325	\$118	
SECTION A: TOTAL TUITION					

Take Your Performance to the Next Level - Take A Dance Class !

SECTION B: Dance Classes (4th-12th Grade)

CIRCLE CLASS TIME & FEE THAT APPLIES AND TOTAL ON THE RIGHT

	Intermediate Jazz Wednesdays 4:30-6:00	Advanced Jazz Wednesdays 4:30-6:00	
Circle Your Class Selection to the Right --->	Pay In Full	Pay By Month	\$ Total
#1	\$325	\$118	
#2	\$325	\$118	
SECTION B: TOTAL TUITION			

SECTION C: Kids Who Care Entrepreneur Institute (9th-12th Grade)

CIRCLE FEE THAT APPLIES AND TOTAL ON THE RIGHT

	2nd and 4th Tues- days 6:15-8:00 pm		
Student Name	Pay In Full	Pay By Month	\$ Total
#1	\$200	\$77	
#2	\$200	\$77	
SECTION C: TOTAL TUITION			

TOTAL TUITION (A + B + C) \$

ONE TIME ANNUAL REGISTRATION FEE PER FAMILY (non-refundable) \$40

TOTAL DUE FOR TODAY (Tuition + Registration Fee) \$

Credit Card is required if full payment is not made at registration

(see Kids Who Care Policies on back for details)

Payment Plan: _____ (initial) I authorize KWC to charge the "Pay By Month" (FALL: Sept. 1, Oct. 1, Nov 1.
SPRING: Feb. 1, March 1, April 1)

First Payment to be charged Today \$ _____ I prefer to pay by: Check #: _____ CC: Visa / MasterCard / Discover

Card # _____ CVC # _____ Expires ____/____/____

Street _____ City _____ State _____ Zip _____

Name (on card) _____ Phone (____) _____ - _____

Signature _____ Date ____/____/____

Family Information Form

Spring 2018 Musical Theatre Class

Student #1 Name: _____ **M / F DOB** ____/____/____
 Student Cell (____) _____ - _____ Student Email _____
 Grade in Fall 2017 _____ School _____

Student #2 Name: _____ **M / F DOB** ____/____/____
 Student Cell (____) _____ - _____ Student Email _____
 Grade in Fall 2017 _____ School _____

Student #3 Name: _____ **M / F DOB** ____/____/____
 Student Cell (____) _____ - _____ Student Email _____
 Grade in Fall 2017 _____ School _____

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

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

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** _____

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

Person Responsible for Payment of Account _____
Billing Address _____ **Phone** _____

Kids Who Care Policies

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

- **Full Tuition payment or Scheduled "Pay By Month" Payments are required prior to attending class. If not paying in full today, credit card number is required.**
- Kids Who Care Non-Audition Class Tuitions are invoiced by semester.
- To cancel your registration, you must contact our office to request a Drop Request Form.
- Class registrations cancelled ten business days or more before the start date will be issued a full refund minus a \$40 administrative fee.
- Class registrations cancelled between nine business days before the start date and before the third day of class will be issued a refund minus a \$40 administrative fee and a \$100 cancellation fee.
- If you enroll in a payment plan and choose to cancel your registration, your remaining balance is still due according to your payment plan and the refund policy.
- Kids Who Care reserves the right to cancel a class if the minimum enrollment is not met five business days before it is scheduled to begin. If a class is cancelled and a suitable alternate class cannot be found, a full refund, including the administrative fee, will be issued in the original form of payment.
- Absolutely no refunds after the second class.
- No refunds or make-up days will be scheduled if class is cancelled for weather related issues.
- Our Return Check and our Declined Credit Card fee is \$25 per transaction. Our late payment fee is \$10.
- By signing below I acknowledge that I have read and will abide by the KWC class payment policies.

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

Signature: _____ Date: _____

Bring a NEW Friend CREDIT: 1 CREDIT per new Student \$25 Credit for Any Once a Week Class

- * One who has not previously enrolled in a Class
- * 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