## SHAKESPEARE CONSERVATORY REGISTRATION

Please complete separate forms for each student

For your security, where your signature is required, you may print and sign after completion of this form. Otherwise, your typed name will constitute your legal signature.

STUDENT GENDER (optional):  Male		STUDENT PRONOUNS (select all that apply):
Male Female Non-Binary Transgender Intersex Other/Prefer not to say PARENT/GUARDIAN NAME:  STREET ADDRESS:  CITY, STATE, ZIP:  DAY PHONE: EVENING PHONE:  Parent/Guardian EMAIL: STUDENT'S DATE OF BIRTH: STUDENT AGE:  YEARS  SCHOOL NAME AND ADDRESS:  Conservatory Class: (ages 12 - 18) \$325  OTES TO PARENTS:  Classes run Sundays, 2:00 – 4:00 PM from January 28 – April 28, 2024. The final performances will t place May 3 and 4, 2024 (time TBD). Rehearsals TBD week of April 29, 2024.  Class will be held at Shakespeare Studio, 3732 Main St, Kansas City, MO 64111.  Scholarships will be considered on a case-by-case basis.  Full payment is expected at time of registration.  A confirmation letter will be sent by email after registration materials and payment are submitted.  There is a \$25 fee for returned checks and declined credit cards.  If a student needs to drop a class, there is a \$25 non-refundable processing fee for enrollment. The remainder will be refunded up to one week prior to the start date.  AYMENT INFORMATION:  Check enclosed. Make check payable to Heart of America Shakespeare Festival. (Please put name(s) of student on memo line)  redit Card (Check type) Visa MasterCard Discover American Express and #		They/Them He/Him She/Her
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MEDICAL/EMERGENCY INFORMATION:		
List any medication(s) and dosage student is required to take:		
Is your child vaccinated against COVID-19?		
List any physical challenges, special needs or health issues:		
Parent/Guardian Name:		
Emergency contactRelationship to Student:		
Emergency Phone:		
<b>DEMOGRAPHIC QUESTIONNAIRE:</b> As the Festival applies for financial support, this information is helpful for the continuation and expansion of our education programming.		
Is your child of Hispanic, Latine, or Spanish origin?  ☐ Yes ☐ No		
What best describes your child's race or ethnic origin? Select all that apply.  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  Other  Prefer not to answer		
Which best describes your family's annual income before taxes?  Under \$25,000  \$25,000 - \$49,999  \$50,000 - \$99,999  Over \$100,000  Prefer not to answer		
How did you hear about us?  Camp Brochure  Friend/Family  HASF Event  KC Studio  Previous Camper		
□ Social Media □ Website		

No student will be able to participate in class without a completed enrollment form, including a signed waiver, and full payment or payment arrangement, including completed required scholarship paperwork. If you cannot pay in full at time of enrollment, payment arrangements can be made by contacting Matt Rapport at <a href="mailto:mrapport@kcshakes.org">mrapport@kcshakes.org</a> or (816) 531-7728.

## **WAIVER AND PERMISSION:**

My child has permission to participate in the activities of Shakespeare Conservatory. I understand that I will be responsible for the cost of any emergency medical care that may be necessary for my child while involved in these programs, and hereby consent to such emergency medical care. I understand that, in the case of any medical emergency, the teachers will contact the emergency contact listed as soon as possible.

The Heart of America Shakespeare Festival and its employees are not responsible for the loss of, nor damage to, any personal property brought by students or parents/guardians to any classes, rehearsals, or performances.

I give permission to have photographs and/or videos taken of my child during the class or any Shakespeare Conservatory activities, which may be used for the Heart of America Shakespeare Festival's promotional and archival purposes.

Student Name:		
Parent/Guardian Signature:	Dat	e:

Questions? E-mail <u>mrapport@kcshakes.org</u> OR call 816-531-7728.

## Please return completed Registration Form and payment to:

Heart of America Shakespeare Festival
Attn: Matt Rapport, Director of Education
3732 Main St.
Kansas City, MO 64111
OR
mrapport@kcshakes.org