

# 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 NAME: <input type="text"/>		STUDENT PRONOUNS (select all that apply): They/Them <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> Other <input type="checkbox"/>	
STUDENT GENDER (optional): Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex <input type="checkbox"/> Other/Prefer Not to Say <input type="checkbox"/>			
PARENT/GUARDIAN NAME: <input type="text"/>			
STREET ADDRESS: <input type="text"/>			
CITY, STATE, ZIP: <input type="text"/>			
DAY PHONE: <input type="text"/>		EVENING PHONE: <input type="text"/>	
PARENT/GUARDIAN EMAIL: <input type="text"/>		STUDENT'S DATE OF BIRTH: <input type="text"/>	STUDENT AGE: <input type="text"/> YEARS
SCHOOL NAME AND ADDRESS: <input type="text"/> <input type="text"/> <input type="text"/>			
Conservatory Class: (ages 12 - 18)		\$325 <input type="checkbox"/>	

## NOTES TO PARENTS:

- Classes run **Sundays, 2:00 – 4:00 pm** from **February 2 – May 4, 2025**. The final performances will take place **May 9 & 10, 2025 at 6:30 pm (performance venue TBD)**. Rehearsals **May 6 – 8, 2025 (time TBD)**.
- 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.

## PAYMENT INFORMATION:

Check enclosed. Make check payable to Heart of America Shakespeare Festival.  
(Please put name(s) of student on memo line)

Credit Card (Check type)  Visa  MasterCard  Discover  American Express

Card #:  Expiration:  CVC/CVV:

Amount: \$  Signature:  Billing Zip:

**MEDICAL/EMERGENCY INFORMATION:**

List any medication(s) and dosage student is required to take:

  

Is your child vaccinated against COVID-19?  Yes  No

List any physical challenges, special needs or health issues:

  

Parent/Guardian Name:

Relationship to Student:

Emergency contact

Relationship to Student:

Emergency Phone:

**DEMOGRAPHIC QUESTIONNAIRE:**

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 [mrapport@kcshakes.org](mailto:mrapport@kcshakes.org) 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:  Date:

Questions? E-mail [mrapport@kcshakes.org](mailto:mrapport@kcshakes.org) 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](mailto:mrapport@kcshakes.org)