



Student Registration

Student's Name:		
Parent Name(s):		
Address:	City/ST:	Zip:
Home Phone:	Work:	Cell:
Email:		
Age:	Birthday:	Siblings:
Allergies/Chronic Health Concerns:		
How did you hear about us?		

PLEASE READ:

In consideration of my registration, I, intending to be legally bound, do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for which I or my individually or collectively for any and all injuries suffered by me or my child at or during classes or performance. **Tuition is paid per session and due prior to the startup date. We understand there will be no refunds unless Center cancels the class or camp. A check for payment can be mailed to us to confirm class placement. If you wish to use a debit or credit card you may do that on our website using the paypal button, or you may call and we can process payment over the phone. We accept Visa and Mastercard.** In the Company of Kids Creative Arts Center, LLC reserves the right to make changes in programs, schedules, instructors, and to cancel classes due to insufficient enrollment. The Center also reserves the right to refuse and or cancel the registration of a disruptive student. I understand that Tuition for classes, camps, costumes, shoes, etc. are non-refundable. **We follow the Burnsville School district calendar for Winter and Spring Break. Snow day/Cold day closings in Burnsville, Maple Grove and Minnetonka.** Photos and Videos may be taken of students for website, newspapers, ads, etc.

Like us on Facebook!

I have read, understand and agree to the Center's Policies as explained above.

Signature: _____ Date: _____

**Parents/Caregivers of children with special needs are required to stay on premise during class should they be needed to assist with their child.*

(Please complete the Student Profile as well – thank you.)

CREDIT CARD PAYMENTS (PAYPAL ONLINE) PLEASE PRINT REGISTRATION

Name on Card:	Class Location:
Card Number:	Class Time:
Expiration Date: 3-digit code:	
<input type="checkbox"/> yes, please auto- charge of \$ _____ until further notice	Date:
Total Initial Charge: \$	Registration Fee (required yearly): <input type="checkbox"/> \$ 25.00
Signature to authorize payment:	
Website: http://www.cokartscenter.com	
FOR OFFICE USE:	Total Due: \$ Total Paid: Date:
<input type="checkbox"/> charged Date: Initials:	<input type="checkbox"/> Ck# Initials:

Mail with payment to: In The Company of Kids Creative Arts Center, LLC
6352 Josephine Ave. Edina, Mn. 55439

Or FAX with credit card information to: 952-736-3621



Student Profile

Date:		
Student's Name:		
Age:	Birthdate:	Siblings:
Grade:	Who may we thank for the referral?	
Other activities child is involved in:		
What type of music does your child enjoy?		
What are your goals for your child in this program?		
Please list any chronic health concerns/allergies/ food restrictions that may be present in your child during our programs:		
In order to know your child better, please list likes and dislikes. Also, please list any important and/or general information that would be helpful to know when working with your child. Thanks very much!		
LIKES:	DISLIKES:	OTHER INFO:
Parent's Names:		
In Case of Emergency Contact:		Phone: