



# Kaua'i Academy of Creative Arts

.....classes in visual & performing arts for young people ages 6 years & over....

**Summer 2011**  
**June 20 – July 15, 2011**  
**....at Island School, Puhi**

**MORNING CLASSES:    Monday through Friday -8:00 a.m to 12:00 p.m                      TUITION: \$240.00**

**Morning Class Schedule:**    Open enrollment to students ages 6 & up (6 yr olds must have completed First Grade)  
Student to choose three classes from the AM Schedule

**AFTERNOON CLASSES:   Monday through Friday -12:40 p.m to 4:40 p.m.                      TUITION: \$240.00**

**Afternoon Class Schedule:**    Open enrollment to students ages 6 & up (6 yr olds who have completed First Grade)  
Student to choose three classes from the PM Schedule

**FULL DAY ENROLLMENT DISCOUNT: SAVE \$30!    FOR FULL DAY CLASSES:    \$450.00**

## **FINANCIAL ASSISTANCE IS AVAILABLE!**

To apply for financial assistance, please complete the Registration Form, mail form with 50% of the tuition & your 2010 Federal Tax Return. These materials must be received by May 13<sup>th</sup>! You will be notified of your award by June 10<sup>th</sup>. If you do not qualify, the remaining balance is due by June 17<sup>th</sup>. Students with an outstanding balance will not be allowed to begin classes.

**Refunds:**            Tuition will be refunded (less a \$30.00 processing fee) if the Academy is notified before June 10th. Refunds will not be given after this date. The Academy reserves the right to dismiss your child for disciplinary reasons; in that event, no refunds will be given.

**Carpooling:**        The Academy is happy to assist parents in coordinating carpools. If you are interested in obtaining the names of others in your area who want to carpool, please check "yes" on the enrollment form and call 346-7586 or email [info@kauaicreativearts.org](mailto:info@kauaicreativearts.org). after June 3<sup>rd</sup> for a carpool list.

**Supplies:**            Most class supplies are provided by the Academy and are covered in the cost of tuition. However, class instructors may request that students wear special clothing or bring additional materials from home. These may include recycled materials, dance attire, art supplies or household items.

**Confirmation:**    ***Please select classes carefully!*** Class size is limited and many classes fill quickly. Schedule changes will not be made once classes begin. Confirmation & Disciplinary Policy, Release of All Claims, Medical Treatment Authorization, & Photo/Video release forms and a supply list will be sent once your registration & tuition payment has been processed. **Please read carefully & complete all forms and return them no later than June 17<sup>th</sup>.**

**Volunteers:**        PARENT VOLUNTEERS ARE NEEDED FOR BOARD MEMBERSHIP, OPEN HOUSE DONATION CHAIRPERSON, DECORATIONS, SET UP AND CLEAN UP! A list of duties will be announced after the program begins in our weekly newsletter! Mahalo for your support!

**PROGRAM ENROLLMENT FORM**

NAME OF CHILD: (First) \_\_\_\_\_ (Last) \_\_\_\_\_  
*(if you are enrolling more than one child, please use a separate form.)*

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Sex: M\_\_ F\_\_ Last Grade Completed: \_\_\_\_\_ School: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_

Mother/Guardian Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father/Guardian Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency contact (if parent/guardian cannot be reached) \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- ◆ Does your child have any special needs/circumstances we should know about to help us serve him/her more effectively? \_\_\_\_\_ *If yes, please describe on a separate sheet if necessary.*

***Medical Treatment Authorization:*** Should an accident occur involving my child(ren), as listed above, which requires immediate medical attention, I hereby give my permission for a licensed physician or nurse to administer treatment as necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- ◆ Would you like to be put on the carpool list? \_\_\_\_\_ *(Call or email after June 3rd for carpool information)*

**CLASS REGISTRATION**

**MORNING CLASSES** 8a.m. – 12 p.m. for ages 6 years *(must have completed 1<sup>st</sup> grade)* & over

**Please select 3 classes from the A.M. Schedule!** *Students will rotate to the three classes daily.*

Period 1 \_\_\_\_\_ Period 2 \_\_\_\_\_ Period 3 \_\_\_\_\_

*We do our best to accommodate your choices, however, class size is limited and many classes fill quickly! Please list two alternate choices (please select different classes from those listed above.)*

1. \_\_\_\_\_ 2. \_\_\_\_\_

**AFTERNOON CLASSES** 12:40 p.m. – 4:40 p.m. for ages 6 *(must have completed 1<sup>st</sup> grade)* & over

Period 1 \_\_\_\_\_ Period 2 \_\_\_\_\_ Period 3 \_\_\_\_\_

**Please list two alternate choices:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

Tuition Enclosed: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. or Full Day \_\_\_\_\_ Total enclosed \_\_\_\_\_

*For Financial Aid applicants, please submit 50% of total & copy of your 2010 Federal Tax Return with this form.*

Please send your completed form and payment to:

Kaua'i Academy of Creative Arts  
P.O. Box 481  
Lihu'e, HI 96766

Mahalo for your participation

For more information, consult our website at <http://kauaicreativearts.org/>, or contact us at:

P.O. Box 481 Lihu'e, HI. 96766 808-346-7586 - [admin@kauaicreativearts.org](mailto:admin@kauaicreativearts.org)