



THE KING ARTS COMPLEX
Where Dreams Come Alive...

YOUTH EDUCATION REGISTRATION

INFORMATION

CHILD'S NAME _____ PARENT/ GUARDIAN NAME: _____

RELATIONSHIP: _____ SCHOOL ATTENDING: _____

DATE OF BIRTH: _____ AGE: _____ GRADE LEVEL: _____ GENDER: MALE FEMALE

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE NUMBER: _____ TYPE: CELL WORK HOME

TELEPHONE NUMBER: _____ TYPE: CELL WORK HOME

E-MAIL: _____

PAYMENT OPTIONS

NAME ON CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CCV: _____

TOTAL: _____

OTHER PAYMENT OPTIONS: CASH CHECK

EDUCATION PROGRAMS

PROGRAM: SATURDAY ARTS PROGRAM (FREE)

AFTER SCHOOL PROGRAM (FREE)

WINTER ACADEMY \$125 + REGISTRATION \$15 (\$140 TOTAL)

SPRING ACADEMY \$100 + REGISTRATION \$15 (\$115 TOTAL)

SUMMER ARTS CAMP \$100 A WEEK + REGISTRATION \$15

BEFORE CARE 7:30-8:45 AM \$10 PER WEEK

AFTER CARE 4-6 PM \$15 PER WEEK

FOR ADDITIONAL INFORMATION



PLEASE MAIL, FAX OR EMAIL THIS FORM TO THE FOLLOWING:

FOR MORE INFORMATION CONTACT:

Lyn Logan-Grimes, Cultural Arts Director

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P 614.645.0676 P 614.645.0626
F 614.645.0672

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KINGARTSCOMPLEX.COM

PLEASE SIGN BELOW INDICATING WE HAVE YOUR PERMISSION FOR YOUR CHILD TO PARTICIPATE IN THE PROGRAM AS WELL AS THE INFORMATION LISTED ABOVE IS CORRECT TO THE BEST OF YOUR KNOWLEDGE.

SIGNATURE OF PARENT/ GUARDIAN: _____ DATE: _____