

**KHAC Camp Registration Form**  
***One form per student — feel free to duplicate***

Student's name \_\_\_\_\_

Age, grade and school (if applicable): \_\_\_\_\_

Parent/Guardian name: *(if applicable)* \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/other phone : \_\_\_\_\_

Email \_\_\_\_\_

Name of camp \_\_\_\_\_ Fee: \_\_\_\_\_

Name of camp \_\_\_\_\_ Fee: \_\_\_\_\_

Total fees due: \_\_\_\_\_

Payment information:

- Cash
- Check (made payable to Kennedy Heights Arts Center)
- Visa or Mastercard (circle one)

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

I would like to apply for a scholarship. My application is enclosed. Scholarship applications are available at [www.kennedyarts.org](http://www.kennedyarts.org) or call 631-4278.

I would like to make a donation to support the camper scholarship fund: \_\_\_\_\_

I hereby release and hold harmless the Kennedy Heights Arts Center (KHAC) and its employees from any and all liability for any injuries, loss or other claims arising out of this program. I give permission for me or my child to be photographed and for his/her picture to be used without identification or compensation in KHAC publications.

Student signature (or parent/guardian if student is a minor):

\_\_\_\_\_ Date: \_\_\_\_\_

Please mail registration form with payment to: Kennedy Heights Arts Center,  
6546 Montgomery Rd., Cincinnati, OH 45213.