



Engaging individuals of all abilities through music, movement and drama;
Empowering all individuals to reach their full potential

CLASS INFORMATION

LOCATION:

MONFORT HEIGHTS

All classes are held in the Multi-purpose Room at the Resident Home Corporation's office complex, 3030 West Fork Road, Building 6, Cincinnati, Ohio, 45211.

10-week sessions -- \$120

Class Times: Wednesdays & Thursdays

Please circle the session for which you want to register:

Wednesdays

Session dates: February 24, March 3, 10, 17, 24, 31, April 7, 14, 21, 28

6:00 PM-7:00 PM 8-12 year old

7:00 PM-8:00 PM 18+ year olds

Thursdays

Session dates: February 25, March 4, 11, 18, 25 April 1, 8, 15, 22, 29

6:00 PM-7:00 PM 3-7 year olds

7:00 PM-8:00 PM 13-18 year olds



REGISTRATION FORM AND PAYMENT INFORMATION

Class Payment Information

Please fill out the following registration form and mail it along with your payment to:

**Dramakinetics of Cincinnati
1612 Otte Avenue
Cincinnati, Ohio 45223**

Payment made by check or money order should be made to the order of "Dramakinetics of Cincinnati." There is a \$30 fee for returned checks.

Fees: \$120 per student for a 10-week semester

ALL FEES ARE DUE **IN FULL** BY THE DATE OF THE FIRST CLASS. IF PAYMENTS ARE MADE ON A CLASS BY CLASS BASIS, AN ADDITIONAL ADMINISTRATIVE CHARGE OF **\$3.00 PER PAYMENT** WILL BE ADDED TO YOUR ACCOUNT.

Some full and partial scholarships are available. We also **accept vouchers from Arc of Hamilton County's Family Support Services Program.**

Refunds for missed classes can be discussed with Pam Shooner. If you have any questions regarding payment, policies, or scholarships, please contact Pam Shooner at (513) 389-1721 by email at:

Dramakinetics@yahoo.com.

Multiple Child Discount:

When more than one child from a family attends class, the first child's fees are full price, and any child thereafter is \$2.00 less per class than full price. For instance, if a family has three children attending a five-week session of classes, the first child's fee would be \$60 (\$12/class), the second child's fee would be \$50 (\$10/class), and the third child's fee would also be \$50 (\$10/class).



Class Registration

Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Alternate Phone: _____

(Please circle which phone you can be reached at in the event a class is postponed or cancelled.)

Parent's/Guardian's Email Address: _____

Status of Parents (please circle): Married Separated Divorced Remarried Never Married Widowed

If divorced or separated, please indicate custodial parent:

Shared/Joint

Mother

Father

Other Guardian

Student Information

Student (s) (Please indicate boy or girl with each name)

Last Name: _____

First Name (s): _____, _____, _____

Birth Date(s): _____

School(s): _____

Grade(s): _____

Please share any special information about your child's individual needs. (please state diagnosis if available)



Photo Release Form

I agree to allow photographs, slides, video tapes, and other reproductions to be taken of my child(ren), _____, for the express purpose of recording and publicizing Dramakinetics of Cincinnati events and activities, obtaining funding, and for research regarding the Dramakinetics methodology.

These photos may be used on brochures, on our website, in grant applications and evaluations, or in research papers. Photos used for grant evaluations may also be used by the grant foundation in their publicity materials (website, brochure, etc.) as well. I also agree to allow these photos to be used without fee or remuneration of any kind, in perpetuity. If at any time I decide to revoke this release, I will notify Dramakinetics of Cincinnati in writing.

Parent Name (please print): _____

Parent Signature: _____

Date: _____

Liability Waiver

I am allowing my child(ren), _____, to participate in the Dramakinetics of Cincinnati program upon the express agreement and understanding that I am hereby waiving and releasing Dramakinetics of Cincinnati, RHC, or any other location used for the purpose of instruction or performance, from any and all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs (herein, collectively "claims") arising out of my child's participation in Dramakinetics of Cincinnati's programs or any illness or injury resulting there from.

I hereby further agree to indemnify and hold harmless these Companies from and against any and all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Dramakinetics of Cincinnati, RHC, or any other location used for the purpose of instruction or performance.

Parent Name (please print): _____

Parent Signature: _____

Date: _____