



Application Form: Kids Culture Club

Name of Child: _____

Date of Birth: ____/____/____ Gender: M____ F____

Name of Parent(s)/Guardian(s): _____

Address: _____

City, State, Zip Code: _____

Email: _____ Alternate Email: _____

Phone: _____ Alternate Phone: _____

Child currently applying has previously attended WOF: Yes_____ No_____

Siblings: _____

Siblings who have attended WOF: _____

How you heard about us: _____

Class Dates: November 3rd, 10th, 17th
December 1st, 8th, 15th

Tuition: \$295/Student
\$275/Sibling

- Please make checks payable to Who's on First? LLC.
- Payments are due before the first day of class. Payments are non-refundable.

Parent/Guardian Signature: _____ **Date:** _____

I allow my child to be photographed and/or videotaped by a Who's on First? teacher or representative to be used for Kids Culture Club projects, to post on our parent Google picture account and to post on our website.

Parent/Guardian Signature: _____ **Date:** _____

I agree to allow Who's on First? to share my personal contact information, including phone numbers and email with fellow class parents.

Parent/Guardian Signature: _____ **Date:** _____

Number of Children Enrolling: _____

Total Enclosed: _____