Kansas City Friends of Alvin Ailey
Program – Second through Fourth / Fifth through Sixth

KCFAA Studio Programs

(Please Print)
All information supplied is for KCFAA records.

Please return to: programs@kcfaa.org

First Name	MI	Last Name	Student ID Number

Address	City, State	Zip Code

Parent or Guardian Name	Relationship	Work Telephone	Home Telephone

Age	Birthdate	Height	Weight	Pant Size	Shirt Size	Waist	Leotard Size
	/ /						

What is the name of your child's school? _____

Current grade _____

Does your child receive free or reduced lunch? (select one) ☐ Free ☐ Reduced ☐ Neither

How are your child's grades this year? ☐ Excellent ☐ Fair ☐ Poor

Has your child had any physical injuries in the last 3 years? (Select one) ☐ Yes ☐ No
If yes, explain:

Do you have a email address? _____ _____

How would you best describe your son or daughter?

☐ African American ☐ Hispanic

☐ Asian ☐ Native American

☐ Caucasian ☐ Other

Your child lives with? (Please check all that apply)

☐ Both Parents ☐ Grandparents

☐ Mother ☐ Aunt/Uncle

☐ Father ☐ Other (Please specify) _____

Send this to programs@kcfaa.org