The Dance Studio of Park Slope - Summer Camp Registration

If registering multiple students please complete additional forms.

□ New Student How did you hear abo	out us?		
Student's First Name	Last		
Date of Birth	Entering What Grade as Sept. 2 nd		
Parent Name(s)	Phone Contact #		
Address	City	State	Zip
Medical Conditions	Daytime Care	giver	
Email Address (please print clearly) Confirm	nation of class enrollment and pay	nent will be sent via e	email.
Eight student minimum required to cons No refunds / credits Children and Adult classes are non-trar Schedule is subject to change and/or ca	nsferable	Payment details: Tuition is required on or before July 1 st Check, cash, credit card payment accepted Returned check fee is \$25	
Tuition & Fees: 1 Full Week \$975.00 Half Day Full Week Camp - Pick Up at Summer Friday Week - Four Full Days Two Days a Week \$400.00 Three Days a Week \$600.00 Early Drop Off \$25 - Late Pick Up \$25		385.00	
Please check Summer Camp Week - Ir	ndicate Group 1 ages 3 to 5 / Grou	o 2 ages 6 to 8 & Can	np Options below
Week of July 29 th - Augu	st 2 nd		
Week of August 5 th - 10 th	1		
Week of August 12 th - 16	ţth		
Full Summer Camp Weeks Half Day Full Week Camp Summer Friday Week Leave at 12:00 r Tuition Total \$	Two Days a Wee Three Days a We noon Early Drop Off		

I give permission for my child to participate in classes at The Dance Studio of Park Slope and I release The Dance Studio and all employees from any liability connected with any activity connected to dance class and performance. I authorize The Dance Studio of Park Slope to photograph or film my child at any Studio activity for use in The Dance Studio's promotional efforts.

I understand and agree to all tuition and terms stated above.

Parent / Guardian *Signature is required for students to participate in class.

Mail to or drop off form and payment: The Dance Studio of Park Slope 630 Sackett Street, Brooklyn, NY 11217 718.789.4419 website: <u>thedancestudiops.com</u> email: <u>thedancestudiops@gmail.com</u>