## The Dance Studio of Park Slope - Summer Camp Registration

If registering multiple students please complete additional forms.

	Last		
Date of Birth School		Grade	
Parent Name(s) Phone Contact #			
Address	City	State	Zip
Medical Conditions	Daytim	e Caregiver	
Email Address (please print clearly) Confirm	ation of class enrollment ar	nd payment will be sent via e	mail.
Eight student minimum required to const No refunds / credits Children and Adult classes are non-trans Schedule is subject to change and/or car <b>Tuition &amp; Fees:</b> 1 week \$1050.00 (*4 day week of Summer Fridays, leave by 12:00 noo After 4:30 pick up - additional \$20.00	ferable ncellation without notice. July 5 <sup>th</sup> - 8 <sup>th</sup> \$840.00) n - subtract \$120.00 fror	Payment details: Tuition is required on c Check, cash, credit can Returned check fee is n Week Tuition	d payment accepted
	Indicate Group 1 ages 3	3 to 5 / Group 2 ages 6 to	8
		3 to 5 / Group 2 ages 6 to Week of August 1 <sup>st</sup> -	
Please check Summer Camp Week	ly 1 <sup>st</sup>		5 <sup>th</sup>
Please check Summer Camp Week	ly 1 <sup>st</sup> (4 days)	Week of August 1 <sup>st</sup> -	5 <sup>th</sup> 12 <sup>th</sup>
Please check Summer Camp Week	ly 1 <sup>st</sup> (4 days)	Week of August 1 <sup>st</sup> - Week of August 8 <sup>th</sup> -	5 <sup>th</sup> 12 <sup>th</sup> - 19 <sup>th</sup>

Tuition is required on or before June 15<sup>th</sup> - Check, cash, credit card payment accepted

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 acknowledge the contagious nature and increased risk of exposure of the COVID-19 virus by participating. The Dance Studio of Park Slope has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities. I have viewed Safety Guidelines & Protocol and acknowledge that I must comply with all set measures to reduce the spread while in attendance.

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 webstie: www.thedancestudiops.com email: thedancestudiops@gmail.com