



Dance Factory Summer Camp Registration Form

(Check one) _____ Ages 8-12 _____ Ages 5-7
9 am to 4 pm

_____ Yes, I need to take part in an early 8am drop off (\$5 per day)

Student Name: _____

Address: _____

Phone Number: _____ Emergency # _____

Email Address: _____

Age: _____ Date of Birth (YYMMDD) _____

Parent/ Guardian _____

List any medical problems that we should be aware of: _____

Non-Member: Whom can we thank for recommending us! _____

Consent: I, the undersigned hereby agree to the following:

- A \$40 deposit must be submitted with this form to reserve spot in class. (\$40 will be deducted from my final balance)
- All payments made to The Dance Factory are non-refundable.
- My child is in the care of the staff at The Dance Factory and will abide by all rules.
- My child is in good health and has permission to participate in all activities offered.
- The Dance Factory owner and staff, is not liable for accidents or injuries caused by any of the activities offered.
- The Dance Factory is not liable for any accidents or injuries that may occur in or outside the facility.
- In case of emergency/injury, I give The Dance Factory permission to seek medical attention in addition to contacting parent by phone.

PRICE LIST: with deposit before April 1st
\$140 per child (\$100 each add. sibling)
PRICE LIST: with deposit after April 1st
\$160 per child (\$120 each add. sibling)

Parent/Guardian Signature _____ Date: _____

OFFICE USE ONLY

Date: _____ Age: _____ Deposit: _____ Discount Y/N: _____

Balance Due: _____ Cash/Chk #: _____ Staff Initial: _____