



- Jazz
- Ballet
- Acrobatics
- Hip Hop

2018-2019 P.A. DAY CAMP REGISTRATION FORM

General Information

Mother's Name: _____ Cell Phone No.: () _____
 Father's Name: _____ Cell Phone No.: () _____
 Street Name and Number: _____ Unit: _____
 City: _____ Province: ON Postal Code: _____ Home Phone No.: () _____
 Email: _____ Alternate e-mail: _____
 Emergency Contact (other than Parents): _____
 Relationship: _____ Cell Phone No.: () _____

Student General Information

Name: _____ DOB: _____ Age: _____ Female Male
 Medical Conditions: _____

Please Check off your preference:

DATES	FULL DAY	HALF DAY		FEES
Mon. Sept. 17 th <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	FULL DAY \$42 (+tax) <input type="checkbox"/>
Fri. Oct. 5 th <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	HALF DAY \$27 (+tax) <input type="checkbox"/>
Fri. Nov. 23 rd <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	*ALL CAMPS - FULL DAY \$265 (+tax) <input type="checkbox"/>
Fri. Feb. 1 st <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	*ALL CAMPS - HALF DAY \$170 (+tax) <input type="checkbox"/>
Fri. Feb. 15 th <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Fri. Apr. 12 th <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	
Fri. June 7 th <input type="checkbox"/>	FULL DAY <input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	

10 % Discount will only apply for those registered for ALL P.A. Day Camps & advance payment is made in full. *Discount included in totals above.

FOR OFFICE USE ONLY

Amount to be paid \$ _____ AutoPay Debit Credit Card Cash (exact)

LIABILITY and MEDICAL RELEASE: The dancer and parents accept responsibility for possible risk of injury and holds Center Stage School of the Arts blameless in the event of injury before, during or after class, both within and outside the premises. Center Stage School of the Arts is authorized that in the event of an injury and an inability to reach the parents, to seek emergency medical assistance for the dancer.

TERMS and CONDITIONS

Cancellation, Withdrawal, and Refunds: None unless it is notified in writing within 48 hours of P.A. Day Camp.

Center Stage School of the Arts is committed to provide the best possible instruction. This fine quality allows your dancer to progress technically to the best of his or her abilities, in a professional environment. In striving to his or her personal best, we aim to maximize the dancer's enjoyment of dance, and to foster a well-rounded appreciation of the arts. We thank you for your commitment, with your registration and support of Center Stage School of the Arts.

Parent's Signature: _____ **Date:** _____