

SUMMER DAY CAMP PROGRAM REGISTRATION FORM
June 14-August 20, 2010

PARTICIPANT INFORMATION				
PARTICIPANT'S NAME		DATE OF BIRTH	DATE OF REGISTRATION	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
HOME PHONE	CELL PHONE	E-MAIL ADDRESS		
SCHOOL	GRADE	(STAFF ONLY) DATE FORM RECEIVED		
PARENT/GUARDIAN INFORMATION				
MOTHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS	WORK PHONE		
E-MAIL ADDRESS		CIRCLE ONE: MARRIED DIVORCED SINGLE GUARDIAN		
FATHER'S FULL NAME		HOME PHONE	CELL PHONE	
ADDRESS STREET	APT. #	CITY	STATE	ZIP
PLACE OF EMPLOYMENT	EMPLOYMENT ADDRESS	WORK PHONE		
E-MAIL ADDRESS		CIRCLE ONE: MARRIED DIVORCED SINGLE GUARDIAN		
IF PARENT/GUARDIAN CANNOT BE REACHED PLEASE CONTACT:		PHONE NUMBER	RELATIONSHIP TO PARTICIPANT:	
INSURANCE INFORMATION				
INSURANCE CARRIER		GROUP #	POLICY #	
INSURANCE PHONE NUMBER	INSURANCE COMPANY ADDRESS			
WHO CARRIES INSURANCE ON PARTICIPANT:		IN CASE OF EMERGENCY, WHICH HOSPITAL WOULD YOU PREFER:		
PLEASE LIST ANY ALLERGIES, PHYSICAL CONDITION, DEFECTS, OR MEDICAL CONDITIONS THAT WOULD LIMIT PARTICIPANT FROM PARTICIPATING:				
MEDICAL/WAIVER/RELEASE OF RESPONSIBILITY				
<p>I ACKNOWLEDGE, UNDERSTAND, AND ASSUME ALL RISKS INVOLVED IN ANY ACTIVITIES ON THE PREMISES OF STUDIO 5678, LLC , INCLUDING BUT NOT LIMITED TO DANCE/CHEERLEADING/TUMBLING. I FURTHER AGREE TO HOLD HARMLESS STUDIO 5678, LLC, THE OWNERS (JULIE ASPESLET-POZAR AND MICHAEL POZAR) OR STAFF TEACHERS, FROM ANY AND ALL CLAIMS, SUITS, LOSSES, OR DAMAGES OF ANY NATURE WHAT SO EVER, INCLUDING BUT NOT LIMITED TO, SUCH CLAIMS THAT MAY RESULT FROM MY CHILD'S INJURY OR DEATH, WHETHER IT BE ACCIDENTAL AS A RESULT OF NEGLIGENCE OR OTHERWISE, DURING OR ARISING IN ANY WAY FROM THE DANCE/CHEERLEADING/TUMBLING PROGRAMS. I HEREBY GRANT PERMISSION TO LICESED HOSPITAL AND/OR STAFF MEMBERS TO ADMINISTER IMMEDIATE MEDICAL TREATMENT AS DEEMED NECESSARY TO MY CHILD SHOULD HE/SHE BE INJURED DURING ANY EVENT HE/SHE LEFT IN THE CARE OF STUDIO 5678, LLC STAFF. FURTHER, I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF EXPENSES INCURRED RELATING TO MY CHILD'S MEDICAL TREATMENT.</p>				
PARENT/GUARDIAN SIGNATURE			DATE	

SUMMER DAY CAMP PROGRAM REGISTRATION FORM

June 14-August 20, 2010

ATTENTION! THIS SECTION MUST BE FILL OUT BY STAFF MEMBERS ONLY.

SUMMER DAY CAMP PROGRAM ENROLLMENT (PLEASE CHECK DAYS STUDENT IS REGISTERING FOR):

_____ **FULL-TIME PROGRAM (M-F) 5 DAYS A WEEK 7AM-6:30PM: \$85 A WEEK**

_____ **PART-TIME PROGRAM 2-4 DAYS A WEEK: (Please check off days attending): \$20 A DAY**

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

_____ **1-DAY WEEK PROGRAM: (Please check off days attending): \$25 1-DAY ATTENDANCE**

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Please check off all weeks that will be attending for the Summer Dance Camp Program

(YOU WILL BE CHARGED FOR EVERYWEEK THAT YOU REGISTER FOR)

Any changes or withdrawals need to be in writing 2 weeks in advanced

_____ **WEEK OF JUNE 14-18, 2010**

_____ **WEEK OF JUNE 21-25, 2010**

_____ **WEEK OF JUNE 28-JULY 2, 2010**

_____ **WEEK OF JULY 5-9, 2010**

_____ **WEEK OF JULY 12-16, 2010**

_____ **WEEK OF JULY 19-23, 2010**

_____ **WEEK OF JULY 26-30, 2010**

_____ **WEEK OF AUGUST 2-6, 2010**

_____ **WEEK OF AUGUST 9-13, 2010**

_____ **WEEK OF AUGUST 16-20, 2010**

CLASS PRICES FOR SUMMER DAY CAMP PROGRAM FOR June 14-August 20, 2010:

\$85 A WEEK: FULL-TIME SUMMER PROGRAM

\$20 A DAY: PART-TIME PROGRAM (2-4 DAYS A WEEK)

\$25 A DAY: 1-DAY A WEEK PROGRAM

Fees Due upon Registration:

REGISTRATION FEE: One time registration fee of \$50 due upon registration: \$50 REG FEE _____

RETAINER FEE: One weeks tuition due upon registration to retain if student withdraws without notification, or fee will be automatically used for the final week of summer program weekly tuition. \$85 _____ OR PT rate \$ _____

DISCOUNTS (CHECK IF APPLIES TO PARTICIPANT)

FAMILY RATE (3 OR MORE FAMILY MEMBERS ENROLLED)

*15% DISCOUNT _____

TOTAL WEEKLY TUITION
\$ _____

PAYMENT PROCEDURE

PARTICIPANT AND/OR PARENT ACKNOWLEDGE THE FINANCIAL OBLIGATIONS, POLICIES AND PROCEDURES OF STUDIO 5678, LLC. ALL CHECKS ARE TO BE MADE OUT TO; **STUDIO 5-6-7-8**, IN THE AMOUNT INDICATED ABOVE. TUITION IS DUE BY THE FIRST DANCE CLASS OF EACH WEEK. IF PAYMENT IS NOT PAID BY THE WEDNESDAY OF THAT WEEK, A \$10 LATE FEE WILL BE ASSESSED TO THE PARTICIPANT'S ACCOUNT. IF THE ACCOUNT IS NOT PAID IN FULL WITHIN 5 DAYS, THE STUDENT WILL BE WITHDRAWN AND FINANCIAL OBLIGATION WILL BE PAID IN FULL BEFORE THE STUDENT IS ALLOWED TO RETURN.

PARENT/GUARDIAN SIGNATURE: (I AGREE TO THIS OBLIGATION OF PAYMENT)

DATE:

BEHAVIOR, CONDUCT AND POLICIES

ONCE PARTICIPANT IS ENROLLED, YOU WILL RECEIVE A FOLDER WITH IMPORTANT INFORMATION REGARDING BEHAVIOR, CONDUCT AND INSTRUCTOR POLICIES FOR CLASS. PLEASE READ THIS INFORMATION WITH THE STUDENT AND GO OVER ALL THE POLICIES FOR STUDIO 5678, LLC.