

Exciting New Class for 3 Year Olds!!!

Saturdays 9:00-9:45a, April 2 – April 30, 2016 (5 weeks)



See your child giggle with delight as they meet new friends and explore the wonderful world of dance.

- ♥ Leap with glee!
- ♥ Twirl with joy!
- ♥ Glow with pride!

Your child will love exploring dance through games, singing, and fun props such as wands, parachutes, tunnels, and hula hoops.

Class Information

- ♥ Children must be 3 by January 1, 2016 and be potty trained.
- ♥ Attire: Play clothes or leotard and tights.
- ♥ Shoes: Pink ballet slippers (or socks) and black tap shoes (or any hard soled shoe).
- ♥ Hair: Pulled back in a ponytail.
- ♥ Tuition: \$50 for the five week session.
- ♥ Call us for more information.

***Register by Wednesday, March 23, 2016
to reserve your place in class***

Paul Klocke Studio of Dance, Aston PA (610) 494-4610

Email: paulklocke.dance@verizon.net

Website: www.paulklockedance.com



Studio of Dance

(610) 494-4610

Mailing Address: P.O. Box 2127, Aston, PA 19014 ~ Location: 300 Turner Industrial Way, Aston, PA 19014

Email: paulklocke.dance@verizon.net

Website: www.paulklockedance.com

Pre-K Registration Information

Saturdays from 9:00-9:45pm; Apr. 2 thru Apr. 30, 2016; Cost: \$50

Student Information *(Please Print)*

First/Last Name _____ Birthdate _____ Age _____ (Male ____)

(Female ____)

Health/Allergy concerns we should know about? _____

Mother First/Last _____ Father First/Last _____

☐ If the information below is already correctly on file with us, check the box to the left, if the information below is partially correct (or you are not sure), please fill in only the fields that need to be corrected.

Contact Information *(Please Print)*

Home Phone _____ Emergency Phone _____

E-Mail Address _____ Emergency Name _____

Mother Work Phone _____ Father Work Phone _____

Mother Cell Phone _____ Father Cell Phone _____

Street _____ City _____ State _____ Zip _____

How did you hear about us?

If referred, please provide the name of the person who referred you. _____

Payment

\$50 by Check# _____; Credit Card (last four digits) _____; Cash (obtain a Receipt) _____

Note: Classes must have sufficient enrollment to be held.

Releases

Photo Release

I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and promotional materials. If I do not want pictures taken, I will obtain and retain a copy of the Studio's "No Photo Form" that must be signed by both a parent (and/or Guardian) and the Studio Director.

Video/AudioTaping Release

In our building there are three dance studios. Each of our studios has a video/audio camera that records our classes. I accept that the tapes made are used by our staff for training and educational purposes and may be given to students to learn prior week's material. I accept that when entering any of our studios that any actions and conversations might be recorded by these cameras.

Medical Release

I the Parent/Guardian of the student registrant agree that the registrant and I will abide by the rules of the Paul Klocke Studio of Dance ("PKSD"), and any of its affiliated organizations. I consent to the registrant's participation in the PKSD physical programs and activities ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me

By signing this Registration Form I accept the three "Releases" stated above and agree to abide by the rules of the Paul Klocke Dance Studio.

Signature: _____ **Date:** _____