

Doll Camp for American Girls



Studio of Dance
(610) 494-4610
www.paulklockdance.com
300 Turner Industrial Way, Aston, PA 19014



Bring your favorite American Girl Doll or a similar 18 inch doll. You will make wonderful crafts for your doll, play games together, and finish with a Salon Day!

- Ages 6-11
- June 22-26 (Mon. thru Fri.)
- Time: 9:30a-12:00n

*Enroll in Doll Camp for a special combo rate. Pack you lunch and spend the whole day with us..

Registration Form

Student's First Name _____ Last Name _____ Age _____ Birthdate _____

Health Concerns the studio should know about? _____

Food/Other Allergies the studio should know about? _____

☐ If the information below is already correctly on file with us, check the box to the left. If your information has changed (or you are not sure), fill in only the fields that need to be updated.

Mother's First/Last _____ Father's First/Last _____

Street Address _____ Email Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Emergency Name & Number _____

Mother's Cell Number _____ Father's Cell Number _____

Mother's Work Number _____ Father's Work Number _____

How did you find out about our studio? _____ Years you have studied? _____

American Girl Doll Camp	Amt/student if Enrolled by 3/15/15	Amt/student if Enrolled by 5/1/15	Amt/student if Enrolled after 5/1/15
9:30a - 12:00n (5-day) Mon.-Fri.	\$130	\$141	\$153
Add Camp Cheertastic (1:00-4:00p)	Add \$134	Add \$146	Add \$157

I, the parent/guardian of the above named 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.

Signed (parent/guardian) _____ **Today's Date** _____

☐ **PHOTO RELEASE:** Please check to give your approval to use your child's photo. The studio often takes pictures of the students in class and performance that are used in studio displays and promotional materials.

Amount Enclosed _____

Make Checks Payable to: Paul Klocke Dance
(Mastercard/Visa/Check/Cash accepted)

Cancellation/Refund Policy: If notified 28 days before first day of Camp - 80% refund given; if notified 14 days before first day of Camp - 50% refund given; 0-13 days before first day of camp - no refunds can be given.

For Office Use				
Check Number	Cash Receipt #	Credit Card Last 4 digits	Billed Fox	Payment Fox