
Fun Dance Camp

Ages 6½ to 9

Paul Klocke Studio of Dance
(610) 494-4610
www.paulklockdance.com
Email: paulklocke.dance@verizon.net

♥ Once Upon a Time . . . Fairytale Camp

July 20th -24th 9:00a-3:00p



*Fairytale dreams will come to life through
enchancing crafts and a royal dance
performance at the end of each week.*

*Fairytales always have a happy
ending at our camp.*

Ballet, Tap, Jazz, Musical Theater, Tumbling



For Children Ages 6½-9

Our Camp is designed for children at every level of dance education - from those with little or no training to those who have had several years. Children must be age 6 by January 1st, 2015 or currently enrolled in our Child 2 level. Parents of 6 year old students should contact the studio to see if our Half-Day Princess Camp might be more appropriate.

General Information

Students may arrive as early as 8:30 a.m. and should be picked up at 3:00 p.m. unless you have registered for extended care (see below). All students should bring a non-perishable bag lunch. A mid-morning snack will be provided. There will be an informal performance by the students at 1:45pm on the Friday of each week.



Extended Care

Extended care is available for full day campers from 3:00-5:00 p.m. each day (\$7 per 1 hr; \$10 per 2 hr). A snack will be provided.

Call Today to Register!

(610) 494-4610

*Paul Klocke Studio of Dance, in Aston, PA
Close to Iceworks; call for directions.*

Student Information

Please include additional students on a separate piece of paper.

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? _____

Camp Week Preferences

Please indicate below if your child will attend Extended Care (Monday-Thursday Only).
Parents of 6 year olds should call the studio to see if our Half-Day Princess Camp might be more appropriate.

Campers are accepted on a first come, first serve basis. No additional registrations can be accepted once camp fills.

Ages	Dates:	Amount per Child
6½-9	July 20 th -24 th (Five Day) 9am-3pm "Once Upon a Time . . ." Camp	\$294
Extended Care Needed? (1Day) With 24 hrs notice 3-5pm: \$7 for one hour, \$10 for 2 hours. Please circle. Note: Monday-Thursday Only. Camp ends at 3:00p on Friday.		YES NO

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 social media and promotional materials.

Make checks payable to:
Paul Klocke Dance

Camp Fees – Must be Paid in Full at time of Registration
Master Card/Visa/Check/Cash - **Amount Enclosed \$** _____

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.

Please send to our mailing address at:

Paul Klocke Studio of Dance, P. O. Box 2127, Aston, PA 19014

Important: You must call the Studio (610) 494-4610 at least two weeks before the camp to confirm that we have space available and to confirm that your Registration and payment have been received.

Or bring to the Studio:

Paul Klocke Studio of Dance, 300 Turner Industrial Way,
Aston, PA 19014 (Close to Ice Works. Call for directions.)

For Office Use

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

Phone: (610) 494-4610

Email: paulklocke.dance@verizon.net

Website: www.paulklockedance.com