

Girl Power Camp

"Inside Out" Ages 6½ to 9

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



Your child will harvest her inner power as she moves and grooves through dance, activities, crafts, and games. Make new friends and explode with laughter! No dance experience is necessary.



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? _____

Ages	Dates:	Amt by 3/24/16	Amt by 5/22/16	Amt after 5/22/16
6½-9	July 18-22, (9a -3p)a	\$254	\$275	\$299
Children must be age 6 by January 1 st , 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.				
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

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 social media 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.

Medical Release: 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 _____

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