

Princess Camps



Paul Klocke

Studio of Dance
(610) 494-4610
www.paulklockedance.com

Ages 3½ to 4½ and Ages 4½ to 6½



Be a different princess each day! Your princess will truly delight in partaking of our royal activities in a nurturing environment. Join, Anna, Cinderella, Aurora, Belle, and others for dancing, tumbling, crafts, and a not to be missed tea party!



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:	Place "X"	Amt by 3/24/16	Amt by 5/22/16	Amt after 5/22/16
3½-4½	Children must be age 3 by January 1, 2016 for our June Camp, and age 3 by March 1, 2016 for our August Camp (and be potty trained) May attend one or both weeks.	Jun. 28, 29, 30, (9a -11)a		\$79	\$86	\$94
3½-4½		Aug. 16, 17, 18 (9a - 11a)		\$79	\$86	\$94
3½-4½		Both Wks (9a - 11a)		\$142	\$154	\$170
4½-6½	Children must be age 4 by January 1 st , 2016.	Jul. 18, 20, 22 (9a – 12p) 3-Day		\$119	\$129	\$141
4½-6½		Jul. 18-22 (9a - 12p) 5-Day		\$155	\$168	\$183

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