

2024 SPRING CAMP REGISTRATION FORM

Student's Last Name	Student's First Name	Da	ate of Birth	
Parent's Full Name	E-Mail Address			
Address	City	State	Zip Code	
Phone Number	Cell Phone Number	Number Cell Phone Number		
Does student have any dis	sabilities / allergies?			
Method of Payment:				
O Visa O MasterCard C	O AmEx O Card on File			
Card Number				
Card Number				
	Expirati	on Date	Security Code	
Card Holders Name/Signature				
_	NCE FACTORY to charge my account. $old X$			
Thereby dutilonize initial by	The Environment to charge my decounts 21			
MONDAY MARCH 25 -29, 20	24			
O WEEKLY RATE: \$300/WEEF	(
O DAILY RATE: \$75/DAY /FUI				
O DAILY (PLEASE LIST THE EX	ACT DATES):			
Policies:				
Tuition: Tuition must be paid in advance. It is und for any reason whatsoever.	derstood that there will be no make ups and/or no refunds	s of tuition or camp fees in the	event of absence or withdrawal of	any student
Pick-Up: Camp ends at 3:00PM. All students must	be picked up by no later than 3:00PM. Any pick-up that is	made after 3:00PM may be su	ubject to Aftercare fees.	
	ts and adult students waive the right to any legal action fo by the students before, during or after class time.	r any injury sustained on schoo	ol property resulting from normal d	ance
Photo Release:	to take photographs of the students to use in brochures	uah sitas mastars advartisam	onto and other promotional	

materials the school creates. Permission is also hereby granted for the school to copyright such photographs in its name.

I have read and understand the above policies and procedures and agree to abide by them.