



# Summer Arts Camp 2018

## Student Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Health Card #: \_\_\_\_\_  
 Allergies or special instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Parent/Emergency Contact Info.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 primary phone: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
**Emergency Contact (other than parents):**  
 Name/Relationship: \_\_\_\_\_ phone: \_\_\_\_\_

## Camp Registration (please check sessions your dancer will attend)

Session(s) Attending (Camp Hours: 9:00am-4:00pm)			Please check Before/After Care Required	
Week	Price/week	Fees		Fees
____ Week #1 July 3-6	\$219.00 + \$28.47 = <b>\$247.47</b>	_____	<b>Before Care 7:30am-9:00am - \$20/day</b>	_____
____ Week #2 July 9-13	\$249.00 + \$32.37 = <b>\$281.37</b>	_____	Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____	
____ Week #3 July 16-20	\$249.00 + \$32.37 = <b>\$281.37</b>	_____	<b>After Care 4:00pm-6:00pm - \$20/day</b>	_____
____ Week #4 July 23-27	\$249.00 + \$32.37 = <b>\$281.37</b>	_____	Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____	
	Total	=====	<b>Before AND After Care - \$35/Day</b>	_____
			Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____	
			Total	=====

I \_\_\_\_\_, hereby agree to waive, indemnify and save harmless JCB Danceworks; its' officers and teachers, from demands, claims and acting lawsuits or proceedings arising out of participation of any one member of the class participating in the dance/summer program. JCB Danceworks reserves the right to video and photograph students to assist in promoting studio.

\_\_\_\_\_  
 Signature of parent or guardian

\_\_\_\_\_  
 Date (MM/DD/YYYY)

# OFFICE USE ONLY:

Total Payment : \_\_\_\_\_

Paid by:

Cash  Debit  Visa  MC  Chq  Recreational: \_\_\_\_\_PT 1:\_\_\_\_\_PT 2:\_\_\_\_\_