

# 2016 Summer Imagination Station Registration Form

(Please use separate forms for each student. Copied forms are acceptable.)

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Male / Female

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (Mom's Cell) \_\_\_\_\_ (Dad's Cell) \_\_\_\_\_

Email addresses (*please PRINT*) \_\_\_\_\_ / \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact's Phone \_\_\_\_\_

Allergies/Health Problems \_\_\_\_\_ Medications \_\_\_\_\_

*\*\*\* Please check ALL camps that apply. A deposit for each camp is required at time of registration. \*\*\**

**"Imagination Station"**: ages 3-6, 9AM-12noon, \$172.50/wk, add \$25/wk for Lunch Bunch (12 noon-12:45PM)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> June 13-17 (Lunch Bunch? Y / N)      | <input type="checkbox"/> July 11-15 (Lunch Bunch? Y / N) | (DEPOSIT = \$86.25/week<br>(July 5-8 = \$138 or<br>Deposit = \$69)<br><br><b>FOR OFFICE USE:</b><br><br>Total # : |
| <input type="checkbox"/> June 20-24 (Lunch Bunch? Y / N)      | <input type="checkbox"/> July 18-22 (Lunch Bunch? Y / N) |   |
| <input type="checkbox"/> June 27-July 1 (Lunch Bunch? Y / N)  | <input type="checkbox"/> July 25-29 (Lunch Bunch? Y / N) |   |
| <input type="checkbox"/> July 5-8 Lunch Bunch? Y / N (4 days) | <input type="checkbox"/> August 1-5 (Lunch Bunch? Y / N) |   |
|   |  |   |

• I understand that cancellations must be received in writing at least 14 days before the camp/workshop start date. No refunds or credits will be given after this time. Camps not enrolling the minimum number of students may be cancelled and deposits refunded.

• I affirm that my child is in good health and has no medical condition that would prevent him/her from taking part in camp/workshop activities. If no family member can be reached in the event of a medical emergency, I authorize The Ballet School to allow emergency medical treatment.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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FOR OFFICE USE ONLY: Total Cost: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Date: \_\_\_\_\_ Method of Payment (Check #): \_\_\_\_\_