

BOOK:	COMPUTER:	VERIFY:	RECEIPT:
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2017 Summer Imagination Station Registration Form

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

Student's Name _____	Birth Date _____	Male / Female _____
Contact #1 _____	Relationship _____	Cell _____
Address _____	City & Zip _____	Email _____
Contact #2 _____	Relationship _____	Cell _____
Address _____	City & Zip _____	Email _____
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, \$195/wk, add \$25/wk for Lunch Bunch (12 noon-12:45PM)

<input type="checkbox"/> June 12-16 (Lunch Bunch? Y / N)	<input type="checkbox"/> July 10-14 (Lunch Bunch? Y / N)	(DEPOSIT = \$97.50/week) (July 3-7 = \$156 or Deposit = \$78)
<input type="checkbox"/> June 19-23 (Lunch Bunch? Y / N)	<input type="checkbox"/> July 17-21 (Lunch Bunch? Y / N)	
<input type="checkbox"/> June 26-30 (Lunch Bunch? Y / N)	<input type="checkbox"/> July 24-28 (Lunch Bunch? Y / N)	
<input type="checkbox"/> July 3-7 Lunch Bunch? Y / N (4 days)	<input type="checkbox"/> July 31-Aug 4 (Lunch Bunch? Y / N)	

FOR OFFICE USE:

Total # : _____

• 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 that do not meet our minimum enrollment requirement 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 Payer _____ Date _____

FOR OFFICE USE ONLY: Total Cost: _____ Balance Due: _____

Amount Received: _____ Date: _____ Method of Payment (Check #): _____