

FOR OFFICE USE:
BOOK:
JR:
RECEIPT:

2024 Summer Arts & Dance Camp Registration Form

(Please use separate forms for each student.)

Student's Name _____ Birth Date _____ Age by 6/17 _____ M/F _____
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 _____

Arts & Dance Camp: ages 3-4 and 5-7, 9AM-12noon, weekly June 17 - Aug. 2

- \$240/wk (\$120/wk deposit for each week enrolled); Week of July 4th is \$192 (\$96 dep) for 4-day week.
- Lunch Bunch fee is \$20/wk (Lunch Bunch meets 12-12:45PM Mon. – Thurs). Pre-registration for Lunch Bunch is required prior to the first day of camp to allow for scheduling of staff. Campers staying for Lunch Bunch need to bring a bag lunch each day.
- Informal creative dance & rhythm tap showing for family and friends each Friday at 11:30am
- Slightly older sibling that would like to enroll with 3-4 year old sibling may enroll as participant/helper.

☐ June 17-21 Ages 3-4 (Lunch Bunch? Y / N)

Under the Sea

☐ June 24-28 Ages 5-7 (Lunch Bunch? Y / N)

Fables and Fairy Tales!

☐ July 1-5 Ages 5-7* (Lunch Bunch? Y / N)

*Celebrating America! *(Note: 4-day week)*

☐ July 8-12 Ages 3-4 (Lunch Bunch? Y / N)

Tropical Paradise!

☐ July 15-19 Ages 3-4 (Lunch Bunch? Y / N)

Where the Wild Things Are!

☐ July 22-26 Ages 5-7 (Lunch Bunch? Y / N)

Through the Looking Glass!

☐ July 29-Aug 2 Ages 5-7

Space is the Place!

• 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.

• Families not currently enrolled at the Ballet School will be charged a one-time summer registration fee of \$20.

Signature of Payer _____ Date _____

*****FOR OFFICE USE ONLY*****

Wks _____ Total Cost: _____ Reg. Fee _____ Amt. Rec'd: _____ Date: _____ Method/Chk#: _____ Bal: _____

Remaining Bal. Paid: _____ Date: _____ Method or Check # _____

Refund: _____ Date: _____ Method/Check#: _____ Notes: _____

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www.balletschoolofchapelhill.com