



_____ Date of PA day

PA DAY CAMP REGISTRATION

Name of Dancer: _____ Female Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

- First child - \$50 Second child - \$40
- Early drop off - 8:30am , late pick up - 3:30pm - \$10
- Cash Cheque E-transfer

TOTAL: _____ Paid By: _____ Date of Payment: _____

Signature of Parent/Guardian: _____

IN CASE OF EMERGENCY

Emergency Contact #1: _____

Phone Number: _____ Relationship to Dancer: _____

Emergency Contact #2: _____

Phone Number: _____ Relationship to Dancer: _____

(Office Use Only)

RECEIPT FOR PA DAY CAMP AT CATHY'S DANCE STUDIO

Name of Dancer: _____ Date of Birth: _____

- First child - \$50 Second child - \$40
- Early drop off - 8:30am , late pick up - 3:30pm - \$10
- Cash Cheque E-transfer

TOTAL: _____ Paid By: _____ Date of Payment: _____

Date of PA Day camp: _____ Cathy's Dance Studio Signature: _____