SUMMER CAMP REGISTRATION

Name of Dancer: _____ ☐ Female ☐ Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

☐ July 3-7/23 ($200) ☐ August 21-25/23 ($200)

☐ Early drop off 8:30am and late pick up 3:30pm ($5/day or $20/wk) Check which days you need below.

Monday ☐ am ☐ pm Tuesday ☐ am ☐ pm Wednesday ☐ am ☐ pm Thursday ☐ am ☐ pm Friday ☐ am ☐ pm

☐ 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 SUMMER CAMP AT CATHY'S DANCE STUDIO

Name of Dancer: _____ Date of Birth: _____

☐ July 3-7/23 ($200) ☐ August 21-25/23 ($200)

☐ Early drop off 8:30am and late pick up 3:30pm ($5/day or $20/wk) Check which days you need below.

Monday ☐ am ☐ pm Tuesday ☐ am ☐ pm Wednesday ☐ am ☐ pm Thursday ☐ am ☐ pm Friday ☐ am ☐ pm

☐ Cash ☐ Cheque ☐ E-transfer

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

Cathy's Dance Studio Signature: _____

519.969.7956

2220B Foster Ave, Windsor, ON **info@cathysdancestudio.net** **www.cathysdancestudio.net**