

☐ Oct 17 ☐ Nov 14 ☐ Nov 28

☐ Dec 22 ☐ Dec 29 ☐ Jan 16



DAY CAMP REGISTRATION

Name of Dancer: _____ ☐ Female ☐ Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

_____ x \$50 = _____ ☐ Drop and Shop - \$25 (Free if registered and paid for all 5 Day Camps)

☐ Early drop off - 8:30am , late pick up - 3:30pm - \$10 per day

☐ 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 DAY CAMP AT CATHY'S DANCE STUDIO

Name of Dancer: _____ Date of Birth: _____

_____ x \$50 = _____ ☐ Drop and Shop - \$25 (Free if registered and paid for all 5 Day Camps)

☐ Early drop off - 8:30am , late pick up - 3:30pm - \$10 per day

☐ Cash ☐ Cheque ☐ E-transfer

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

Date of Day camp(s): _____

Cathy's Dance Studio Signature: _____