SUMMER REGISTRATION FORM

Student Name: _____Age:_____
Birthdate: _____
Additional Students, if any:
Name:_____ Age:_____
Birthdate:_____
Name:_____ Age:_____
Birthdate:_____
Parent Name:_____
Phone Number:_____ Email address:_____

CAMPS Student Name:	*Camp Name*	*Dates of Camp*	*Time*

5/6 Year old camps — pack a water bottle and a light snack. Wear dance attire or comfy clothes

Please pack a water bottle, snack, and lunch for camps that run from 9:00 - 3:00

CLASSES		