

KOLOTOV DANCE STUDIO

611 North Maple Ave, Suite 11, Ho Ho Kus, NJ 07423 201-444-3223 kolotovdance@gmail.com

SUMMER INTENSIVE 2017 REGISTRATION FORM

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____

Email _____

Birth Date _____ Age as of June 26, 2017 _____

Parent's Name(s) _____

How did you hear about us? _____

Please circle all that apply:

SESSIONS:

Week One
(6/26-6/30)

Week Two
(7/3-7/7)*

Week Three
(7/10-7/14)

Week Four
(7/17-7/21)

RATES:

\$395 per week with \$100 non-refundable deposit due upon registration

*July 4th week tuition is \$315

TUITION

Tuition: _____

5% Discount for full summer: _____

Subtotal: _____

Deposit Date: _____

Total Due at start of camp: _____

Date Remainder Due: _____

PAYMENT INFORMATION

Cash _____ Check _____ Credit _____

Name on card: _____

Card Number: _____

Exp. Date: _____ Zip Code: _____

AGREEMENT AND SIGNATURE

I understand there are no refunds for any portion of tuition paid.
I understand that Kolotov Dance Studio is not responsible for any injuries my child sustains at the studio.

Parent's Signature: _____

<p align="center">PHOTO RELEASE</p> <p><i>I give permission for my child's photo or likeness to be used for publicity purposes and/or website for Kolotov Dance Studio.</i></p> <p align="center">____ Yes ____ No</p>
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<p align="center">TEXT ALERTS</p> <p><i>Would you like your cell number to be used for emergency text message alerts?</i></p> <p align="center">____ Yes ____ No</p>
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