

Summer Day Camps Registration Form 2017

To register, complete the form and sign at the bottom of the page. For additional dancers, please fill out another form. For any questions, please call 843-284-8151 or email us at charlestoneinstitute@gmail.com. Summer study will be held at the Charleston CDI Studios located at 494 Wando Park Blvd Suite A

6 week Elementary Class Series - Ages 8-10 every Tues/Thurs June 26-Aug 3

(Tues- Ballet 4-5:30pm, Tap 5:30-6:30pm / Thurs- Ballet 4-5:30pm, Jazz/Modern 5:30-6:30pm)

\$375 Full Program _____ \$225 Half Program _____ (either 3 wks or 1 day of classes per week for all 6 wks)

**Tues class on July 4 will take place Wednesday July 5*

All other attendance options will have an individual class rate of \$20 per class

A non-refundable 20% deposit will reserve your place in the program.

Dancer's Name _____ Returning _____ New _____ (Check One)

Dancer's Birthdate (dd/mm/yyyy) _____

Dancer's Address _____

City _____ State _____ Zip _____

Email Address _____ Phone Number _____

Parent(s) Name(s) At least one parent is required for Dancer's under the age of 18

Parent 1 _____ Alternative Phone Number _____

Parent 2 _____ Alternative Phone Number _____

Use the space below to add any additional information.

CHARLESTON DANCE INSTITUTE STUDIO POLICIES

- Charleston Dance Institute will not be responsible for injury or illness.
- Proper dance education requires that the teacher touch the student during class to correct placement and movement when needed.
- Tuition cannot be refunded without a Doctor's letter certifying ill health.

BY SIGNING THIS FORM YOU AGREE TO ALL THE CHARLESTON DANCE INSTITUTE STUDIO POLICIES

Parent Signature _____ Date _____