WINDSOR
519.969.7956
2220B Foster Ave, Windsor, ON

LASALLE
519.969.7957
5994 Malden Rd, LaSalle, ON

MARCH BREAK CAMP REGISTRATION

Name of Dancer: _____ ☐ Female ☐ Male

Date of Birth: _____ Age: _____

Medical Data: _____

Address: _____

Parent/Guardian: _____

Phone: _____ Cell: _____

DATES:

Monday, March 16 to Friday March 20, 2020

☐ Half Day (3.5 - 6 yrs, $120/wk HST included) *Mornings Only, 9:00am-12:00pm

☐ Full Day (6+ yrs, $190/wk HST included) 9:00am - 3:00pm

TOTAL: _____ ☐ Cash ☐ Cheque ☐ Etransfer 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 MARCH BREAK CAMP AT CATHY'S DANCE STUDIO

Name of Dancer: _____ Date of Birth: _____

TOTAL: _____ ☐ Cash ☐ Cheque ☐ Etransfer Date of Payment: _____

Cathy's Dance Studio Signature: _____

***NOTE: When emailing the form and paying with e-transfer**

Please stop by the office before your child starts camp on the first day to sign the form in the Parent/Guardian section. Signature is required before the child starts camp.