

# Summer Bash Fun Camp

## Ages 6-10

July 16-20, 2018

Party everyday with the combination of our popular camps all rolled into one fantastic week – including but not limited to our:

- Hip Hop Funk & Acro Camp
- Doll & Chef's Camp
- Broadway Camp
- All rolled into one!!



No experience is necessary. Children will revel in the Activities, Crafts, and Snacks featured around multiple themes.



Students have the option of attending full or half days:

- 9:00a – Noon
- 1:00p-4:00p
- 9:00a -4:00p

Before and after care is available from 7:30 - 9:00a and 4:00 - 5:30p



In addition, cultivate a spirit of giving through our Thankful Thursday service projects!

Select	Tuition	Discount	
Half Day Camp 9:00-12:00n	\$199	<b>Register and pay by 4/31/18</b>	\$181
Half Day Camp 1:00-4:00p	\$199		\$181
All Day Camp 9:00-4:00p	\$297		\$273
Before Care 7:30-9:00a	\$30 per wk/ \$10 per Day.		
After Care 4:00-5:30p	\$30 per wk/ \$10 per Day.		

Paul Klocke Studio of Dance, 300 Turner Industrial Way, Aston, PA 19014  
 Phone: (610) 494-4610 Email: studio@paulklockdance.com  
 Website: www.paulklockdance.com

## Summer Bash Fun Camp

- Child's Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_
- Health Concerns: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Guardian's Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

### Photo Release

I accept that the studio often takes pictures and videos of the students in class and in performance and that these pictures may be used in studio displays and social media promotional materials.

### Medical Release

I the Parent/Guardian of the student registrant agree that the registrant and I consent to the registrant's participation in the PKSD physical programs and activities ("PROGRAMS"). Recognizing the possibility of physical injury associated with the PROGRAMS, and in consideration for the PKSD accepting the registrant for its PROGRAMS, I hereby release, discharge, indemnify, and hold harmless the PKSD, its affiliated organizations, and their employees, teachers, and associated personnel from and against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the PROGRAMS. In my absence, I also request PKSD, through its staff, to obtain emergency medical care in the event that such care is necessary or appropriate in the opinion of the staff for the benefit of my child due to accident or illness. I promise to pay any treatment costs directly to the hospital, physician, or laboratory providing such care upon presentation of the bill to me.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

See other side for tuition rates.

Amount Included \_\_\_\_\_

To Register: fill out this form and call the studio to pay by credit card over the phone.

**Cancellation/Refund Policy:** If notified 28 days before first day of camp - 80% refund given; if notified 14 days before first day of camp - 50% refund given; 0-13 days before first day of camp - no refunds can be given.