

# Princess Camps

## Ages 3½ to 6½

Paul Locke

Studio of Dance  
(610) 494-4610

Once your Princess enters the imperial gates of our studio, she will be delighted with royal dance lessons in ballet, tap and tumbling. Our castle artisans will guide your princess through fun crafts, and our princess tea party is sure to be a hit! Our castle cooks will provide a mid-morning snack each day. Finally, the princesses will enthrall you with an informal performance on the last day of camp.



For Children Ages 3½ thru 4½

**Cinderella Princess Camp**  
**June 23, 24, 25**

**Tinkerbell Princess Camp**  
**August 18, 19, 20**

*9:00 - 11:00a (3 - days: (Tue., Wed. Thr.)*

Children must be age 3 by January 1, 2015 for our June Camp, and age 3 by March 1, 2015 for our August Camp. Children should be comfortable being away from guardian for 2 hours and must be potty trained. Children may attend one or both weeks.



For Children Ages 4½ thru 6½

**Cinderella Princess Camp**  
**July 20, 22, 24 (3 Day)**  
**July 20 thru 24 (5 Day)**

*9:00a-Noon – 3 day (MWF) or 5 day (M-F):*

Children must be age 4 by January 1<sup>st</sup>, 2015.



## Student Information

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Health Concerns the studio should know about? \_\_\_\_\_

Food/Other Allergies the studio should know about? \_\_\_\_\_

If the information below is already correctly on file with us, check the box to the left. If your information has changed (or you are not sure), fill in only the fields that need to be updated.

Mother's First/Last \_\_\_\_\_ Father's First/Last \_\_\_\_\_

Street Address \_\_\_\_\_ Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Emergency Name & Number \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Father's Work Number \_\_\_\_\_

How did you find out about our studio? \_\_\_\_\_ Years you have studied? \_\_\_\_\_

## Dates You Would Like to Attend

Please indicate below which week you are registering for by placing an "X" in the box under "1<sup>st</sup> Choice". In the event our camps fill, please let us know if an alternate week is possible by placing an "X" in the "2<sup>nd</sup> Choice" column.

Ages	Dates:	Preference		Amount per Child by 3/15/15	Amount per Child by 5/1/15	Amount per Child after 5/1/15
		1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice			
3½-4½	June 23, 24, 25, (3-Day) 9am -11am Cinderella Princess (Tue., Wed., Thr.)			\$76	\$82	\$89
3½-4½	Aug. 18, 19, 20 (3-Day) 9am - 11am Tinkerbell Princess (Tue., Wed., Thr.)			\$76	\$82	\$89
3½-4½	Both Wks (3-Day) 9am - 11am (Tue., Wed., Thr.)			\$137	\$147	\$160
4½-6½	July 20, 22, 24 (3-Day) 9am - Noon Cinderella Princess (MWF)			\$114	\$124	\$135
4½-6½	July 20-24 (5-Day) 9am - Noon Cinderella Princess (M-F)			\$148	\$160	\$174

**PHOTO RELEASE:** Please check to give your approval to use your child's photo. The studio often takes pictures of the students in class and performance that are used in studio displays and promotional materials.

I, the parent/guardian of the above named registrant agree that the registrant and I will abide by the rules of the Paul Klocke Studio of Dance ("PKSD"), and any of its affiliated organizations. 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.

**Signed (parent/guardian)** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Make checks payable to:**  
**Paul Klocke Dance**

**Camp Fees – Must be Paid in Full at time of Registration**  
Master Card/Visa/Check/Cash - **Amount Enclosed \$** \_\_\_\_\_

**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.

**Please send to our mailing address at:**  
Paul Klocke Studio of Dance  
P. O. Box 2127, Aston, PA 19014

**Or bring to the Studio:**  
Paul Klocke Studio of Dance, 300 Turner Industrial Way,  
Aston, PA 19014 (Close to Ice Works. Call for directions.)

For Office Use				
Check Number	Cash Receipt #	Credit Card Last 4 digits	Billed Fox	Payment Fox