



Summer Camps 2024 Registration Form

Child's Name: [Redacted] Age: [Redacted] DOB: [Redacted]

Medical/Allergy Info: [Redacted]

Parent/Guardian Name: [Redacted]

Address: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Phone: Cell [Redacted] Home [Redacted]

Parent Email: [Redacted]

Emergency Contact: Phone [Redacted] Number: [Redacted]
Other than above parent

Emergency Contact Relationship: [Redacted]

How did you hear about Dance Institute? [Redacted]

Which Summer Camps are you registering for?

Princess 6/3-6/7
Ages 3-7

Barbie 7/8-7/12
Ages 4-8

*Only fill out if you don't already have a cc on file.
This section will be discarded after registration is processed.*

PAYMENT METHODS

Please Circle One

CASH

CHE [Redacted]

CC

Card Holder Name (As it appears on card):

[Redacted]

Card #: [Redacted] Exp. Date: [Redacted] CVV: [Redacted] Zip code: [Redacted]

I/we authorize Dance Institute to charge the credit card on file for registered Summer Camps.

Signature of Parent/Guardian

Date