

2025 WINTER CAMP REGISTRATION FORM

Student's Last Name	Student's First Name	Da	ite of Birth	
Parent's Full Name	E-Mail Address			
Address	City	State	Zip Code	
Phone Number	Cell Phone Number	Ce	II Phone Number	
Does student have any d	lisabilities / allergies?			
Method of Payment:				
	O AmEx O Card on File			
Card Number				
	Expir	ation Date	Security Code	
Card Holders Name/Signature				
_	ANCE FACTORY to charge my account.)	(
Thereby authorize W.I.A. D.	ANCE TACTORY to charge my account.			
O WEEK 1: DECEMBER 23, 2	2043 – DECEMBER 27, 2024 (Closed on E	December 25, 2024)		
O WEEK 2: DECEMBER 30, 2	2024 – JANUARY 3, 2024 (Closed on Janu	uary 1, 2025)		
O WEEKLY RATE: \$225/WEE	≣K			
	UN FRIDAY DAILY RATE: \$100			
DAILY RATE (PLEASE LIST TH				
Policies:				
Tuition:				
Tuition must be paid in advance. It is u for any reason whatsoever.	nderstood that there will be no make ups and/or no refu	nds of tuition or camp fees in the	event of absence or withdrawal of any	student
Pick-Up: Camp ends at 3:00PM. All students mu charged accordingly.	st be picked up by no later than 3:00PM. If pick-up is mad	de any time after 3:00PM, this wil	l be considered Aftercare and you will b)e
	ents and adult students waive the right to any legal action I by the students before, during or after class time.	for any injury sustained on school	ol property resulting from normal dance	į
	on to take photographs of the students to use in brochure on is also hereby granted for the school to copyright such		ents and other promotional	

I have read and understand the above policies and procedures and agree to abide by them.