



CHRIST THE KING/AMERICAN DANCE & DRAMA CAMP 2017 REGISTRATION FORM

68-02 Metropolitan Ave.

Middle Village, NY 11379

917 602-6271

Child's Name _____

Address (Street, City, State, Zip) _____

Birth date _____ Age _____ Grade in fall _____

Custodial Parent/Guardian Information

Registrant is in the custody of: Both Parents Mother only Father Only Other: _____

Mother/Guardian Name _____ Daytime Phone _____

Work Phone _____ Alt Phone _____

Father/Guardian Name _____ Daytime Phone _____

Work Phone _____ Alt Phone _____

Email Address _____

Emergency Contact (other than Parent/Guardian) _____

Relationship _____ Daytime Phone _____ Work Phone _____

Alt Phone _____

Besides people listed above list names of people allowed to pick up your child _____

Special password (Anyone picking up child must tell us special password in order to pick up child.) _____

Does your child have any allergies or prior injuries or medical conditions, Is your child on any medication? _____

T-Shirt Order: YOUTH: Small(6)____ Med (8-10)____ Lg (12-14)____

ADULT: Sm____ Med____ Lg____ X-Lg____

Additional shirts-\$12.00

Parent/Guardian Permission: As a legal guardian I give permission for the registrant to participate in all phases of camp activities. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/guardian.

I understand that when participating in camp activities the registrant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional and fundraising materials, news releases and other published formats, and will be the sole property of Christ the King and American Dance & Drama.

Check if registrant MAY NOT: be photographed for publicity purposes.

Signature of Parent/Guardian_____ Date_____

II. Camp Session Information

Please circle: Full Day / Half Day

Please Circle: Morning Session / Afternoon Session

Please circle: Optional nap for ages 3-6: YES / NO

Please circle days your child will attend: Mon/ Tues/ Wed/ Thurs/ Fri

Please circle: ELA/Math or Both (CK Kids Summer Bridge Program ELA & Math 50% off)

SPECIAL WEEKLY CAMPS

CK Lil' Chefs – Ages 4 – 14 (July 17 – July 21) \$425.00

CK Lil' Chefs Camp

Summer Dance Intensive – (July 31st – August 4th) \$400.00

Summer Dance Intensive Camp

BILLING

Total price of camp: _____

Deposit paid _____ (Deposit is non- refundable)

Balance Due by June 1, 2017 _____

I am aware that the deposit of \$200- per child is non –refundable. I am fully aware that once camp begins as of July 3, 2017 that all camp fees are non–refundable.

Please sign in agreement to above terms: X _____

PLEASE MAKE CHECKS PAYABLE TO DREAM TO DANCE AND MAIL TO 188-22 UNION TPKE
FLUSHING, NY 11366 ANY QUESTIONS PLEASE CONTACT CARA NICOLE 917 602-6271

ADDITIONAL INFORMATION

If your child attends our Dance camp and needs to be escorted from camp to our Summer Bridge Program or CK Kids classes, please provide child's name and program they will be attending.

Child's Name: _____

Child's Program: _____

Will they need to be escorted back to camp after class?

Yes

NO