

DYNAMIC EDGE DANCE CENTER SUMMER CAMP REGISTRATION FORM

How did you hear about us? _____ Referral Name _____

FAMILY INFORMATION:

Family Name: _____

Contact #1 First Name: _____ **Last Name:** _____

Type: __Mother__Father__Other (_____)

Home Phone: _____ Cell# _____ Work # _____

Email: _____ *(emails are kept confidential)

Employer: _____ Employer Phone: _____

Contact #2 First Name: _____ **Last Name:** _____

Type: __Mother__Father__Other (_____)

Home Phone: _____ Cell# _____ Work # _____

Email: _____ *(emails are kept confidential)

Employer: _____ Employer Phone: _____

Home Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Emergency Contact Info: _____

(Other than parents) _____

Health Insurance Carrier: _____

Billing Name same as Child ___yes___no (If not please list billing name) _____

Student #1 Information:

Student First Name _____ Student Last Name _____

___ Female ___ Male Birth Date: ____/____/____ (format=mm/dd/yyyy)

Student Email: _____

School _____ Grade _____

Disabilitlies _____ Allergies _____

Medications _____ PrimaryDoctor _____

- CIRCUS CAMP COSMIC DANCE PARTY ROYAL TEA PARTY MUSICAL THEATER CAMP

Student #2 Information:

Student First Name _____ Student Last Name _____

___ Female ___ Male Birth Date: ____/____/____ (format=mm/dd/yyyy)

Student Email: _____

School _____ Grade _____

Disabilitlies _____ Allergies _____

Medications _____ PrimaryDoctor _____

- CIRCUS CAMP COSMIC DANCE PARTY ROYAL TEA PARTY MUSICAL THEATER CAMP

Price: Each minicamp is \$40 two camps \$75 - three camps \$100 - four camps \$115