



# Selina's Studio

DANCE • SING • ACT

## 2017 Summer Camp Registration Form

Student First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address & No. \_\_\_\_\_ Postal code \_\_\_\_\_

Parent/Guardian First name \_\_\_\_\_ Last name \_\_\_\_\_

Daytime Ph # (613) \_\_\_\_\_ - \_\_\_\_\_ Cell Ph # (613) \_\_\_\_\_ - \_\_\_\_\_

Contact email \_\_\_\_\_ @ \_\_\_\_\_

Anything we should know about your child? (ex: allergies, injuries)

\_\_\_\_\_

The following adults are permitted to pick my child up from camp:

\_\_\_\_\_

1. Camp Desc. \_\_\_\_\_ Dates \_\_\_\_\_

2. Camp Desc. \_\_\_\_\_ Dates \_\_\_\_\_

3. Camp Desc. \_\_\_\_\_ Dates \_\_\_\_\_

I give permission for Selina's Studio to take my child to Chapman Mills Main Street Park for lunch.

I give permission for Selina's Studio to take pictures of my child and use them on their website and for marketing purposes.

Signature, Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment - Cash or Cheque only please.**

- \$ \_\_\_\_\_ \$280 tax incl. One Week Camp
- \$ \_\_\_\_\_ \$505 tax incl. Two Week Musical Theatre Camp (July 10 to 21 only)
- \$ \_\_\_\_\_ \$25 tax incl. Before Camp
- \$ \_\_\_\_\_ \$25 tax incl. After Camp
- \$( \_\_\_\_\_ ) Deposit
- \$ \_\_\_\_\_ Amount Due
- \$ \_\_\_\_\_ Total paid