



Selina's Studio

DANCE • SING • ACT

2019 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.

- \$ _____ \$300.00 tax incl. One Week Camp
- \$ _____ \$555.00 tax incl. Two Week Musical Theatre Camp (July 8 to 19 only)
- \$ _____ \$30.00 tax incl. Before Camp
- \$ _____ \$30.00 tax incl. After Camp
- \$(_____) Deposit
- \$ _____ Amount Due
- \$ _____ Balance received by: _____