

# **Kirkpatrick's School of Dance**

## **Little Stars Mini-Camp (ages 3 or 4-5)**

July 6th – 29th 2010

1701 Leslie St. Suite 100 San Mateo, CA 94402  
(650)525-1900/office (650)525-1901/fax

### Class Times:

- 3 year olds/Tues. & Thurs. 10:00-10:45am
- 4-5 year olds/Tues. & Thurs. 11:00am-12:00pm

Each class will include creative and rhythmic movement, a short choreographed dance, as well as pre-ballet, pre-tap and mat work. Parents may observe the first and last class.

### Dance wear needed:

Leotard, tights (any color), ballet shoes (preferably fitted by a dance shop) and hard-soled shoes or tap shoes with strap or ties for tap. Due to the tumbling, hair is best worn in pigtails, low ponytail or braids. All hair is to be worn off the face. No gum, jewelry or skirts as they may cause tripping on mat.

KIRKPATRICK'S SCHOOL OF DANCE

#### **"LITTLE STARS" 2010 REGISTRATION FORM/July 6-31**

Mail to: 1701 Leslie St. Suite 100 San Mateo, CA 94402 (650) 525-1900 office/525-1901 fax

Student Name \_\_\_\_\_ Address \_\_\_\_\_  
City/Zip \_\_\_\_\_ Birthdate \_\_\_\_\_ Age on 7/6/10 \_\_\_\_\_  
Parents Name(s) \_\_\_\_\_ Hm. Ph. \_\_\_\_\_ cell ph. \_\_\_\_\_

**Please submit a copy of birth certificate with your registration**

**Class Day/Time: Tues. & Thurs. 10:00-10:45 (3yrs) 11:00-12:00 (4-5 yrs)**

**TUITION: \$100.00/REG FEE \$50.00/YOUR PAYMENT OF \$150.00 RESERVES YOUR SPOT!**

**CHECK payable to Kirkpatrick's School of Dance OR**

**(circle) VISA or MC# \_\_\_\_\_ Exp. \_\_\_\_\_ ccv \_ \_ \_**

**Credit Card Authorized Signature \_\_\_\_\_**

**WAIVER & RELEASE FORM:** I, the undersigned parent/guardian do hereby give permission for my child (above) to participate in Kirkpatrick's School of Dance classes. I hereby understand there is a possibility of physical illness or injury to my child. I also understand the reg. fee is non-refundable at any time. I waive all claims for damages now or in the future against Kirkpatrick's School of Dance, it's owners, officers, representatives, for all injuries which my child may sustain while attending and participating in classes. My child is in good health and free of injury or illness. This waiver is in effect unless I revoke it in writing.

Class dates are parent's responsibility. Tuition will not be refunded due to absences. No refunds after 7/5/10. Keep the upper half of this flyer and mark your calendars. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_