

KIRKPATRICK'S SCHOOL OF DANCE SUMMER CLASSES - JULY 6TH-31ST 2010

NEW STUDENT CLASSES

- 1N) COMBO Ballet/Tap (6-7yrs) Wed. 4:00-5:00pm or
 2N) COMBO Ballet/Tap (6-7yrs.) Sat. 10:00-11:00am
 3N) JAZZ (8-12yrs) Wed. 5:00-6:00pm
 4N) JAZZ (8-12yrs.) Sat. 11:00am-12:00noon
 5N) HIP HOP (8-12yrs) Wed. 6:00-7:00pm
 6N) TAP (8-12 yrs.) Tues. 4:30-5:30pm
 7N) BALLET (8-12 yrs.) Thurs. 4:30-5:30pm

CONTINUING STUDENT CLASSES

- 1C) JAZZ Intro, 1, 2 Wed. 5:00-6:00p 10C) BALLET Intro,1,2 Thurs. 4:30-5:30pm
 2C) JAZZ Intro, 1,2 Sat. 11:00am-12noon 11C) BALLET 3-5 Thurs. 5:30-6:30pm
 3C) JAZZ 3-5 Thurs. 6:30-7:30pm 12C) BALLET 6-9 Tues. 6:30-8:00pm
 4C) JAZZ 6-9 Thurs. 5:00-6:30PM 13C) BALLET 6-9 Thurs. 6:30-8:00pm
 5C) HIP HOP Intro, 1,2 Wed. 6:00-7:00
 6C) TAP Intro, 1,2 Tues. 4:30-5:30pm
 7C) TAP 3-5 Tues. 5:30-6:30pm
 8C) TAP 6-7 Wed. 4:00-5:00pm
 9C) TAP 8-9 Wed. 5:00-6:00pm

**HIP HOP SUMMER
 CAMP**
AVAILABLE TO ALL STUDENTS
AGES 7 & UP

KIRKPATRICKSDANCE.COM

KIRKPATRICK'S SCHOOL OF DANCE / SUMMER CLASSES REGISTRATION FORM 2010

STUDENT NAME (LAST) _____ (FIRST) _____ AGE 7/6/10 _____ GRADE IN FALL _____

ADDRESS _____ CITY _____ ZIP _____ HMPH _____ CELLPH _____

MONTHLY TUITION RATES: 1HR. ---60.00, 1.5 HRS---80.00, 2 HRS---104.00, 2.5 HRS---128.00, 3 HRS---140.00, 3.5 HRS---153.00, 4 HRS---166.00, 4.5 HRS---177.00,

5 HRS---190.00, 5.5 HRS---200.00, 6 HRS---212.00 CIRCLE CLASS #S: 1N 2N 3N 4N 5N 6N 7N 1C 2C 3C 4C 5C 6C 7C 8C 9C 10C 11C 12C 13C

MAIL CHECK TO: KIRKPATRICKS SCHOOL OF DANCE, 1701 LESLIE ST STE. 100 SAN MATEO, CA 94402 650.525.1900 OFFICE, OR FAX TO: 650.525.1901

CREDIT CARDS GLADLY ACCEPTED VISA/MC/DISCOVER/AMEX (CIRCLE CARD)

_____ EXP _____ CCV _____

NEW STUDENTS: PLEASE FILL OUT WAIVER/RELEASE ON OPPOSITE SIDE OF FORM (OR PAGE 2 ONLINE) THANK YOU

PAGE 2 WAIVER/RELEASE FORM KIRKPATRICK'S SCHOOL OF DANCE SUMMER CLASSES (NEW STUDENTS ONLY)

Waiver and Release Form: I, the undersigned parent/guardian do hereby give permission for my child to participate in Kirkpatrick's School of Dance classes/camps. I hereby understand there is possibility of physical illness or injury to my child. I also understand the tuition must be paid in full at time of registration to guarantee my spot. If customer withdraws from classes after 7/6/10, customer will be charged cancellation fee of \$25.00 and tuition refund will be pro-rated. Furthermore 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 participating in classes and camps. 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. Please retain top portion of flyer. Refund will not be given due to absences. Make-up lessons are available.

Please list all allergies or health issues that may affect your child during our camps and classes.

_____.

Print _____ Sign _____ Date _____

Parent/Guardian's name(s)

Student 's Name _____