

Kirkpatrick's School of Dance

"Super Stars" 2012 Summer Classes
July 10 – August 4 Ages: 5-7 year olds

Class Days/Times:

Super Stars Combo (5-7 year olds):

Tues. & Thurs. 11:00am-12:00pm OR Wed. 4:00-5:00 OR Sat. 11:00am-12:00pm

Each class will include pre-ballet, and pre-tap.

Dance wear needed:

Leotard, tights, ballet shoes, tap shoes. No specific colors required!

Fall uniform colors: (recommended if you plan to continue) Light pink leotard, pink tights.

KIRKPATRICK'S SCHOOL OF DANCE/"SUPER STARS" REGISTRATION FORM

Please submit a copy of birth certificate with your registration

Student's Name _____ Student Birthdate _____ Age on 7/10/12 _____

Parent's Name _____ Home ph _____ Cell ph _____

Address _____ City _____ Zip _____

Email _____

Emergency Contact _____ Phone # _____

Circle Class Choice: **T & TH @ 11:00am or Wed. @ 4:00pm or Sat @ 11:00am**

Student is (please check one): _____ New to Kirkpatrick's _____ Continuing Student

Make check payable to "Kirkpatrick's School of Dance" or pay by credit card (use form below)

TUITION: 2 classes per week: \$108.00/REG FEE \$25.00 =TOTAL \$133.00

1 class per week: \$62.00/REG FEE \$15.00 = TOTAL \$77.00

MAIL/FAX PAYMENT TO: KIRKPATRICK'S SCHOOL OF DANCE

1701 LESLIE ST. SUITE 100, SAN MATEO, CA 94402

Office: 650.525.1900 fax: 650.525.1901

CARD TYPE (please circle) **AMEX, VISA, MASTERCARD, DISCOVER**

CARD #: _____ Expiration date (mm/yy): ____/____

CVV Code _____ (located on back of card or on front for AMEX)

Billing Name _____

Billing Address _____ City _____ State _____ Zip _____

Credit Card 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 7/10/12. Your payment reserves your spot. Keep the upper half of this flyer and mark your calendars. Video recording and flash photography are not allowed during instruction. No gum, jewelry or skirts. Parents and guests may observe the first and last class of the session.

Parent/Guardian's Signature _____ Date _____