



C.A.T.S. Dance Studio 49
Summer Dance & Arts Registration
 Children's Athletic Training School, Inc. 2008
 235 E. 49th Street . New York, NY . 10017
 Tel. 212.832.1833 ext. 1 Fax: 212. 832.1881

Child's Full Name _____ Age: ____ Date of Birth: ____/____/____

Address: _____ Apt. # _____ Zip: _____ Home #: _____

Parent's Name: _____ wk. # _____ Cell #: _____

Parent's Name: _____ wk. # _____ Cell #: _____

Phys. Name: _____ Tel. #: _____ Email: _____

Emergency Name & Tel. #: _____

Does your child have any physical problems, limitations, disabilities or illness? _____

School now attending: _____ Siblings & Ages: _____

Please check all that apply. My child will attend:

_____ *The Daisies* August 4th – August 8th Fee: \$500

_____ *The Roses* August 11th- August 15th Fee: \$500

_____ *The Violets* August 18th- August 22nd Fee: \$500

_____ *From my Tree house!* June 30th - August 1st Fee: \$2500 + \$120 costume fee

Payment schedule: Half due upon registering. Balance due May 1st. (cash, ck; visa or MC)

Costume fee is due by April 15th. (cash OR pay by ck to: Patti Bee Designs)

I am paying by: cash _____ Check _____ MC _____ Visa _____

CC#: _____ exp. ____/____

I am enrolling my child, _____, in the Summer Dance & Arts Performance Workshop 2006. As the parent or guardian, I certify that my child has no known conditions that prohibit or limit participation in the Summer Dance & Arts Performance Workshop. I assume ordinary risks when using the facilities and agree not to hold Children's Athletic Training School liable for any injury sustained as a result of participating in the Workshop. REFUND POLICY: I understand that there are no refunds or partial refunds after registering. There will be no credits or partial credits given after April 15th. I Returned checks and payments will incur a \$50 service charge. In case or accident/ injury and the aforementioned can not be reached, I grant C.A.T.S permission to contact and if necessary, obtain medical attention. CATS are not responsible for any lost or stolen items. By signing below I certify that I have read and understand this document and accept all enrollment conditions. This form must be signed before the child can attend.

Signature: _____ Date: _____

Email address: _____