



DAILY SCHEDULE EXAMPLE

9:00 am	Opening Ceremony Announcements
9:30 am	Activity Period 1: Arts Arts and Craft
10:30 am	BREAK Snack time
10:45 am	Activity Period 2: Education Math & English
Noon	Lunch
12:30 pm	Activity Period 3: D.E.A.R/Break Reading: Drop Everything and Read
1:00 pm	Activity Period 4: Dance Ballet
2:00 pm	Activity Period 5: Dance & Music Tap dance/Musical Theater/ Choirs
3:00 pm	Dismissal Pick up / Transition to After Program



PLEASE NOTE SUBJECT CAN BE CHANGED

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WHAT TO BRING

- Lunch(also can order)
- 2 snacks and drinks
- Water bottle
- Ballet(tights, leotards, ballet slippers)
- Tap (tap shoes)
- Books

WHAT TO WEAR

- Comfortable clothing and sneakers with socks on.

TEL: 201-945-3388

www.edgewaterperformingarts.com

595 RIVER ROAD, EDGEWATER, NJ, 07020

info@edgewaterperformingarts.com

“Every Child is an Artist”

Pablo Picasso

We at Edgewater Performing Arts believe that the Arts are a fundamental and necessary part of a comprehensive education. Thus, we seek to provide you with all the necessary tools to further your understanding, development, and enjoyment of music, dance, and visual art, regardless of age, previous experience, or professional aspirations. Edgewater Performing Arts is located inside of the Mitsuwa Market Place, and is fully equipped with high-quality instruments and a beautiful, sunlit dance studio. We aspire to instill a love of music learning and dance in you and your children from the very beginning, to provide you with rich experiences for the rest of your life!



SUMMER PROGRAM TUITION

	TIME	TUITION
SUMMER PROGRAM	9:00-3:00PM	\$250/week

BOOKS

MATH, ENGLISH	\$25
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PRIVATE MUSIC LESSON (AFTER PROGRAM) we offer 15% discount for summer program students

	4 LESSONS	
30 MIN	\$200	\$170
45 MIN	\$280	\$238
60 MIN	\$340	\$289

SUMMER PROGRAM 2020

STUDENT INFORMATION

NAME							
AGE				GRADE (September 2020)			
PARENTS NAME				Email			
CONTACT PHONE NUMBER							
ADDRESS							
WEEK	DATE	TUITION	EARLY DROP		AFTER CARE		TOTAL
WEEK1	JUNE 24-26(3DAYS)	\$		\$		\$	\$
WEEK2	JUNE29-JULY 2(4DAYS)	\$		\$		\$	\$
WEEK3	JULY 6-10	\$		\$		\$	\$
WEEK4	JULY 13-17	\$		\$		\$	\$
WEEK5	JULY 20-24	\$		\$		\$	\$
WEEK6	JULY 27-31	\$		\$		\$	\$
WEEK7	AUG 3-7	\$		\$		\$	\$
WEEK8	AUG 10-14	\$		\$		\$	\$
WEEK9	AUG 17-21	\$		\$		\$	\$
WEEK10	AUG 24-28	\$		\$		\$	\$
TOTAL							

MEDICAL INFORMATION

Allergies _____
 Any medication on a regular basis? _____
 Any medical consideration of which the Edgewater Performing Arts should be aware _____

Physician's Name _____ Phone _____

- I, the undersigned parent or guardian of the above named applicant, do hereby give my permission for him/her to participate in the Edgewater Performing Arts Summer Program.
- I do assume all risks and hazards incidental to the activity and transportation, and do further hereby release, absolve and hold harmless the Edgewater Performing Arts, Summer Program, its teachers and volunteers, any or all of them.
- I hereby fully consent to emergency medical care to be rendered by competent medical physicians in the event the above named child should require such attention during this activity.
- Check should be made payable to the "Edgewater Performing Arts", reserves the right to terminate this agreement, if: tuition is not paid in full or a student's behavior is disruptive or proves detrimental to the health and safety of our programs.
- Edgewater Performing Arts reserves the right to cancel courses or programs, services due to lack of enrollment.
- From time to time during the summer School, videos, photographs, and/or slides will be taken of our staffs. These will be used for publicity purpose only. Your signature below grants permission for Edgewater Performing Arts to use videos, photographs, and /or slides of your child for publicity purpose.

**I READ POLICY AND UNDERSTAND THAT THERE IS A CANCELLATION FEE \$50
 AND THERE ARE NO REFUNDS AFTER 5/30/20.**

Signature of Parent

Guardian Date

Please list the name of people who have permission to pick up your child:

Name: _____/Phone# _____ Relationship with student _____
 Name: _____/Phone# _____ Relationship with student _____