

Summer Boot Camp 2025 - Registration Form

CHILD'S NAME: _____

BIRTHDAY: __ / __ / ____ SEX: M ____ F ____

STREET ADDRESS /CITY / STATE / ZIP: _____

PHONE: _____ DAYTIME PHONE: _____

PARENT'S NAMES: _____

EMAIL: _____

EMERGENCY CONTACT: _____

Who can pick up a child from camp: _____

PROGRAM HOURS/PRICE

All week Full day 9:00am – 5:00p /\$480, **Short day** 9:00am -3:30 pm/\$380 **Half day** 9:00am- 1:15pm/\$300,

Extended morning and or extended afternoon \$10 per each 30 min.

Per day: Full day -\$100, **Short day** -\$80 **Half day** -\$70

7 DAYS BEFORE CAMP: Full day \$520; **Short day** \$410; **Half day** \$330; **Per day** \$110; **Short day** \$90; **Half day** \$80

DISCOUNT

Early Bird Discount of \$50 for full week ;\$30 short day ;\$20 of half day if register and paid before May 1st.

Sibling Discount: \$20 off for 2nd and 3rd child per week, if registering 2 or more children. Discount applied to second & third Children

REFUND POLICY 50% if canceled 2 weeks before start 25% if canceled 1 week before start

PAYMENT Full payment should accompany every application.

All checks should be made payable to Dance Fever Studio and mailed to: 200 Wells Ave, Newton MA 02459

PLEASE REGISTER MY CHILD FOR: (circle your choices)

- **WEEK 1 (June 23 – June 27)** June 23 ____; June 24 ____; June 25 ____; June 26 ____ June 27 ____;
- **WEEK 2 (August 18 –22)** August 18 ____; Aug 19____; Aug 20 ____; Aug 21 ____; Aug 22 ____;

PAYMENT ENCLOSED \$ _____ **CHECK #** _____

Please read and initial:

___ I have read the above. I understand the camp's policies on registration and I agree to be responsible for the payment of all fees due.

___ I understand that my child may not attend until the medical form and payment in full are received by Dance Fever Studio.

___ I understand that in the event of any medical situation every effort will be made to reach me. In case of emergency, I hereby give permission to the physician selected by the Program Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.

___ I understand that the camp expects that each child will be covered by medical insurance.

___ I authorize Dance Fever to use still or video photographs of my child for publicity purposes.

PARENT / GUARDIAN SIGNATURE _____ DATE _____



Boot Camp Program for all levels

Hours - 9:00 am - 5:00 pm / 9:00 am-3:30 pm ½ day 9 am-1:15 pm

Week 1 June 23 – June 27

Week 2 August 18 -August 22



Featuring: ~Intensive Dance Classes; Ballroom, Latin, ~ Jazz ~Stretching and Fitness Sessions~~Rounds to Increase Endurance~

Tentative schedule	
8:30	Door Open
9:00 - 9:45	Stretching/workout
10:00 - 11:30	Dance Lesson
11:30 - 12:15	Lunch Break
12:15 - 1:15	Dance Lesson
1:15 - 1:30	Snack
1:30 - 2:30	Rounds
2:45 - 3:30	Stretching
3:30 - 5:00	Arts and crafts /Games/Practice

LEARN HOW TO DANCE, MEET NEW FRIENDS, & EXERCISE AS WELL!

