

Encanto Camp 2022



- ❖ **Session 1: (3-4 yr. olds),**
 - **Date:** Monday - Wednesday, July 25th - 27th
 - **Time:** 10:00am - 12:00pm
- ❖ **Session 2: (5-7 year olds)**
 - **Date:** Monday - Wednesday, August 1st - 3rd
 - **Time:** 10:00am - 12:00pm
- ❖ **Cost:** \$90 per student/per session (3 classes).
 - Must pay for full session; no discounts can be given for missed classes

❖ **A usual camp day:**

- An hour dance class, with instruction in Jazz, Ballet, Creative Movement, Tumbling and other activities to aid in the development of rhythm, movement and coordination; everything focused on ENCANTO.
- Dancers will then have a quick snack (bring your own, due to allergy concerns) before an arts & crafts project, games and other dance related activities.

Space is limited and this camp will fill up quickly! Please reserve your child's spot in class by filling out the registration form below with payment, and placing in tuition drop box, or mail in to Hoffman School of Dance at 577 Fillmore Avenue, East Aurora, NY 14052. Class size will be limited.

HOFFMAN
SCHOOL of DANCE

2022 Encanto Dance Camp Registration

Dancer's Name _____

Address _____
Street

Phone _____
Home Emergency

_____ City Zip Code

E-Mail _____

Current Age _____ Date of Birth _____

Guardian's Name _____

Please list any allergies (food or otherwise) that the faculty should be aware of: _____

Please Circle : Ages 3 - 4 or Ages 5 - 7

How did you hear about us? _____

- I the undersigned agree to follow the policies and procedures set forth by Hoffman School of Dance Inc. as they have been created in the best interest of the students.
- I accept the responsibility of reading and following all information received in the summer information.
- I and my child are aware that there is a potential risk associated with participating in a dance class. I understand and assume all risks associated with dance class participation, including but not limited to falls or contact with other persons. I also affirm that I now have and will continue to provide proper hospitalization, health and accident coverage that I consider adequate for both my child's and my own protection.
- I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.
- I approve the use of my child's photograph in studio publications, advertising and website. I understand that names will not be listed.

PARENT/GUARDIAN SIGNATURE _____

DATE ____/____/____