

STUDIO 4 SUMMER SESSION 2020

\$20 Registration Fee. Tuition is \$85 for 6 weeks.

Must have at least 6 students for a class to make; Class is full with 12 students. Tuition is not pro-rated for missed classes or starting the session late. There are no sibling discounts or multiple class discounts during the Summer Session. Registration fee is non-refundable and does not go towards tuition.

6 Week Summer Classes~ Tuesdays: June 2, 9, 16, 23 July 7, 14

Wednesdays: June 3, 10, 17, 24 July 8, 15

Pre-K (3-5yr)	K - 2nd Grade	3rd-5th Grade	Teen
Tuesdays - Studio C 5:00-6:00pm Ballet/Tap <i>Ms. Rachel</i>	Tuesdays - Studio C 6:00-7:00pm Ballet/Tap <i>Ms. Rachel</i>	Tuesdays - Studio C 7:00-8:00pm Jazz/Hip Hop <i>Ms. Rachel</i>	Tuesdays - Studio C 8:00-8:45pm Contemporary <i>Ms. Rachel</i>
Wednesdays - Studio D 4:30-5:30 Acro/Tumble Beginner <i>Ms. Sarah</i>	Wednesdays - Studio D 5:30-6:30pm Acro/Tumble Beginner - Level 1 <i>Ms. Sarah</i>	Wednesdays - Studio D 6:30-7:30pm Acro/Tumble Level 1 - Level 2 <i>Ms. Sarah</i>	Wednesdays - Studio D 7:30-8:30pm Acro/Tumble Level 1 - Level 2 <i>Ms. Sarah</i>

Tumble Levels:

Level 1 - can do a walkover with no assistance

Level 2 - can do a back handspring or aerial with no assistance

Student Name: _____

(PLEASE FILL OUT THE BACK OF THIS FORM)

STUDIO 4 SUMMER SESSION 2020 REGISTRATION

To Register you have the option of:

- 1) Fill out this form & turn in to the office with your \$20 Registration Fee
- 2) Go to our Website & Register Online. www.Studio4theArts.com
 - YOUR SPOT IS NOT HELD UNTIL REGISTRATION FEE IS PAID

Student Name: _____ Date of Birth: _____

Parent Name: _____ Contact Phone: _____

Address: _____

Email (Please Print): _____

Class Selections:

Example: Day: Monday

Time: 5:30pm

Class: 3rd – 5th Grade Hip Hop

Day: _____

Time: _____

Class: _____

Day: _____

Time: _____

Class: _____

Day: _____

Time: _____

Class: _____

My child has permission to participate in Studio 4 the Arts, LLC Summer Classes. I waive the right to claim against Studio 4 the Arts, LLC staff and teachers in the event of accident, injury, or loss of personal items. By signing this document, I understand that any cost or injury resulting from participation at Studio 4 the Arts, LLC is my responsibility.

Parent Signature

Date