

Coupé Cuties Summer Program 2024

430 Market Street, Nanuet, NY 10954 ♦ 845 623 2808 ♦ www.coupedance.com

Coupé Cuties Summer Program: 3-5 year old students: 9:30am-noon

3 Days a week program Tuesday, Wednesday, Thursday Monday July 1st - Thursday July 25th 2024

ALL 4 WEEKS: Monday July 1st - Thursday July 25th 2024 (3 days a week) ***Best price available**

Register & pay By: March 1st 2024 \$675*__ April 1st 2024 \$700__ June 1st 2024 \$725__

INDIVIDUAL WEEKS:

Week 1: Monday July 1st – Wednesday 3rd July 2024

Register & pay By: March 1st 2024 \$175__ April 1st 2024 \$185__ June 1st 2024 \$195__

Week 2: Tuesday July 9th - Thursday July 11th 2024

Register & pay By: March 1st 2024 \$175__ April 1st 2024 \$185__ June 1st 2024 \$195__

Week 3: Tuesday July 16th - Thursday July 18th 2024

Register & pay By: March 1st 2024 \$175__ April 1st 2024 \$185__ June 1st 2024 \$195__

Week 4: Tuesday July 23rd - Thursday July 25th 2024

Register & pay By: March 1st 2024 \$175__ April 1st 2024 \$185__ June 1st 2024 \$195__

Daily Rate \$65.00 Indicate days attending here: _____

Please note: There will be no refunds for days missed, all programs are subject to enrollment.

Student Name: _____ Date of Birth: _____ Grade in Fall 2024: _____

Is your child a current student Yes _____ No _____

NEW STUDENTS ONLY: Parent/Guardian Name: _____

Address: _____

Cell phone: _____ Cell Phone Provider: _____

Best Person/number to call during camp hours: _____

Email: _____ How did you hear about us _____

Please return the registration form in person to 430 Market Street, Nanuet NY 10954, email form to info@coupedance.com or mail form & CHECK to PO Box 9242 Bardonia, NY, 10954

Waiver of Liability: I agree that I will not hold Coupé Theatre Studio, Inc, or any member or employee of the same, liable for injuries sustained, or illness contracted by me or my child while a student of Coupe Theatre Studio, Inc. I agree to abide by the rules of the Studio.

I give permission for Coupé Theatre Studio to publish photographs of my child for use in printed advertising material, and on the internet.

I have read the above policy statements and waiver of liability and hereby agree to comply with them.

Parent/Guardian Signature _____ Date: _____

OFFICE USE: Date received _____ Deposit paid _____ Cash/Check/CC _____

Total cost of Program: _____ PIF Date: _____ Cash/Check/CC _____