

# Coupé Junior Summer Program 2024

430 Market Street, Nanuet, NY 10954 ♦ 845 623 2808 ♦ [www.coupedance.com](http://www.coupedance.com)

## Junior Summer Camp: 6 & 7 year old students: 10:00am-4pm

**4 Week Program: Monday July 1st - Friday July 26th 2024 \*Best Price Available**

**Register & pay deposit By:** March 1st 2024 \$2385\_\_ April 1st 2024 \$2435\_\_ June 1st 2024 \$2585 \*pay in full\_\_

## Junior Summer Camp: 6 & 7 year old students: 10am-4:00pm

**Session 1:** Monday July 1st - Friday July 12th 2024 **\*No classes on July 4th**

**Register & pay deposit By:** March 1st 2024 \$1185\_\_ April 1st 2024 \$1235\_\_ June 1st 2024 \$1285 \*pay in full\_\_

**Session 2:** Monday July 15th - Friday July 26th 2024

**Register & pay deposit By:** March 1st 2024 \$1320\_\_ April 1st 2024 \$1370\_\_ June 1st 2024 \$1420\*pay in full\_\_

**Morning only 10am-1pm \$75 per day: Indicate days attending here:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Registration is complete on payment of 50% non-refundable deposit. Summer tuition must be paid in full by May 31, 2024. \$20 late fee per week will be added to balances not paid by due date.**

**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 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](mailto: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 \_\_\_\_\_