



LONESTAR

dance studio

Mom's Day Out Summer 2009

5-week session/ June 22nd-July 24th

Mother's Day Out is offered Tuesday, Wednesday, and Thursday from 9:30-noon for ages 3-5. Activities include: games, songs, tap, ballet, tumbling, Arts and Crafts and a snack break.

Choose One:

- One day per week \$135 for the session
- Two days per week \$260 for the session
- Three Days per week \$365 for the session

Deposit Due Upon Registration: \$25 (Applied to total amount due) Balance is due first day unless other arrangements are made.

Payment Method:

- Cash Check # _____ Credit Card (Visa, Discover, Mastercard)

Amount: _____

Parent's Name: _____

Child's Name: _____

Child's Birthdate: ____/____/____

Address: _____

City, State, Zip: _____

Home Phone: _____

Mom's Cell: _____

Dad's Cell: _____

Student's Name (last, first) _____

Lonestar Dance Studio

In the event that I am unable to be contacted to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize Lonestar Dance staff to take my child/children/self to:

Dr. _____
Address: _____
Phone: _____
or to _____ Hospital.

Safety measures will be used to prevent accidents. Uncomplicated first aid will be administered to all minor injuries and parents or doctors will be called when necessary. However, Lonestar and its staff cannot be held liable for harm to children while on studio property or otherwise in the care of the studio staff members.

Knowing all teachers will do their best to ensure the safety of the children in their care and will not be negligent (I) or (We) _____ assume all responsibility and waive any claim for compensation for accidental injury incurred by my child/children or self while at the studio or otherwise in the care of the staff and hereby agree to indemnify and hold harmless the school, its agents, employees or servants, whether paid or volunteer, against any and all claims which may arise from an injury to said child/children or self while participating in this program.

Signature of Parent or Guardian Date

Parents' Names Home Phone

Employers Name Work Phone

Emergency Contact Emergency Phone