



Registration Form

SUMMER CAMP - 2009

Begins June 30 and Ends July 28

Rhythm of My Day Tues. 9-10:00 AM

(for children from birth to 18 months old)

meets once a week with caregiver—for five weeks

Name _____ (Nickname) _____

Birth date _____

Address _____

(City)

(State)

(Zip)

Parents: _____

Phone # (H) _____ (W) _____ (C) _____

Email _____

Emergency contact: Name: _____ Phone # _____

Does your child have any food allergies? Yes _____ No _____

If YES, please explain so that we might better meet her/his needs:

Total tuition (includes materials): \$150.00 (\$50 deposit required)

please make checks payable to **Carondelet Music Center**

*I understand that the deposit, which must accompany this form, is **non-refundable**. The balance of the tuition must be paid **BEFORE June 20**. Failure to do so will forfeit a place in the class **and** the deposit. There are **no refunds** once the class has begun.*

Signature (required) _____

Date _____

Carondelet Music Center
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Latham, NY 12110
(518) 783-3608