

HVC REGISTRATION SUMMER 2024

Student Name: _____ Age: _____ D.O.B. _____
Last Name First Name

Parent/Guardian: _____

Address: _____ Home Phone: _____

_____ Cell Phone : _____

Email Address: _____

THEATRICAL CAMPS & WORKSHOPS:

PERFORMING ARTS CAMP:

Session I (7/8-7/19) _____ Session II (7/22-8/2) _____ Session III (8/5-8/16) _____

Fees: Single Session \$800.00 Two Sessions \$1450.00 Three Sessions \$2100.00

PAC Student T-shirt size: _____

BROADWAY INTENSIVE: Three-week session. Fee \$850.00 (7/8-7/27) _____

ACTING INTENSIVE: 3:00-6:30pm Monday to Friday \$350.00 (8/5-8/9) _____

PRE-KINDER DANCE/MUSIC: Six-week session 7/8-8/13 FEE: \$200.00

Tuesday 10:00-11:30am _____

KINDER DANCE/MUSIC: Six-week session 7/8-8/13 FEE: \$200.00

Tuesday 11:00-12:30pm _____

JAZZ&TAP/BALLET: Six-week session, 7/8 - 8/13; Check the class/classes: FEE: 1HR \$150.00/2HR \$250.00

Tuesday: Ballet 6-8yrs 12:30-1:30pm _____ Jazz & Tap 6-8yrs 1:30-2:30pm _____

ACRO: Six-week session, 7/10 - 8/14; Check the appropriate class: FEE: 1HR \$150.00

Wednesday: Acro 5-7yrs 12:00-1:00pm _____

Acro 8-10yrs 1:00-2:00pm _____

HIP HOP: Six-week session, 7/11 - 8/15; Check the appropriate class: FEE: 1HR \$150.00

Thursday: Hip Hop 5-7yrs 12:00-1:00pm _____

Hip Hop 8-11yrs 1:00-2:00pm _____

TEEN DANCE: Three-week session, 7/30-8/15

FEE: One Class: \$75.00, Two classes \$135.00, Three classes \$200.00, Four classes \$265.00

TEEN TAP Tuesday 12:30-1:30pm _____

TEEN JAZZ Tuesday 1:30-2:30pm _____

TEEN BALLET Thursday 12:30-1:30pm _____

TEEN CONTEMPORARY Thursday 1:30-2:30pm _____

FOUNDATIONS: DANCE SUMMER SESSION

August 5 - August 9 (Monday, Wednesday, Friday) 9:00-12:30pm _____

\$250.00

MASTERCLASS: DANCE SUMMER SESSIONS 8/5-8/15

Week I _____ Week II _____

\$475.00 per week

PLEASE READ & SIGN

I REPRESENT THAT: I, or my child is in good condition and have no ailment preventing participation in the Conservatory's programs. I appreciate the dangers of physical stress, strain or injury and assume whatever risk is involved as a result of participation. Upon my agreement to the Conservatory's programs, I hereby agree to hold the Hudson Valley Conservatory and its employees harmless from all liability.

Please detach this form and send it to the above address along with 50% of your tuition. To ensure enrollment return immediately. Please make checks payable to the Hudson Valley Conservatory.

Deposits are non-refundable. If you have paid all or a portion of your tuition and need to cancel for some reason, you can receive 50% of your tuition before June 1st. After that date there are no refunds available. Payment in full will be expected on the first day of classes.

Please attach any medical forms regarding allergies or medications to allow us to best serve your child.

Parent's Signature: _____

Date: _____

Please print name: _____

All registration forms and payments may be mailed to:
Hudson Valley Conservatory
P.O. Box 704
Walden, NY 12586

Tuition Amount: _____

Deposit Amount: _____

Balance Due: _____