

2010 Summer Registration

Summer Session: June 22nd through August 21st

510-597-1619 | 1000 42nd Street, Oakland, CA 94608 | www.destinyarts.org

Find us on:    

CHILDREN REGISTERING (If your child has registered at DAC before, please fill out the name field & any updated info.)

Under Health Information please list any problems, injuries, allergies, or medicines taken that might affect your child(ren) from participating fully in the activities.

Child 1: _____ Nickname: _____ Date of Birth: _____
 Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Caucasian Asian/Pacific Islander Latino/Latina Native American Other: _____
 Health Information: _____

Child 2: _____ Nickname: _____ Date of Birth: _____
 Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Caucasian Asian/Pacific Islander Latino/Latina Native American Other: _____
 Health Information: _____

Child 3: _____ Nickname: _____ Date of Birth: _____
 Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Caucasian Asian/Pacific Islander Latino/Latina Native American Other: _____
 Health Information: _____

Child 4: _____ Nickname: _____ Date of Birth: _____
 Ethnicity (check all that apply) Gender: _____ School: _____ Home Zip Code: _____
 African American Caucasian Asian/Pacific Islander Latino/Latina Native American Other: _____
 Health Information: _____

PARENT/CAREGIVER INFORMATION

Parent/Caregiver (primary contact): _____ Relation: _____
 Cell #: _____ Home/Work #: _____ Email: _____
 Occupation: _____ Company: _____ Interested in Volunteering: Yes/No

Parent/Caregiver (secondary contact): _____ Relation: _____
 Cell #: _____ Home/Work #: _____ Email: _____
 Occupation: _____ Company: _____ Interested in Volunteering: Yes/No

ADDRESS & DEMOGRAPHIC INFORMATION

Home Address: _____ City: _____ Zip: _____
 Mailing Address: _____ City: _____ Zip: _____
 Annual Household Income Single Headed Household Dual Headed Household Household Size: _____
 \$0 - \$30,000 \$30,001 - \$50,000 \$50,001 - \$80,000 \$80,001 - \$100,000 \$100,001 - or greater

ONGOING CLASSES

Child
1 2 3 4

MONDAY
 5:00–6:30PM **Modern Dance** (AGES 13–18)
 5:00–6:30PM **Martial Arts – all levels** (AGES 7–18)

TUESDAY
 5:00–6:30PM **Hip-Hop Dance** (AGES 13–18)

WEDNESDAY
 5:00–6:30PM **Modern Dance** (AGES 13–18)
 5:00–6:30PM **Martial Arts – all levels** (AGES 7–18)

THURSDAY
 5:00–6:30PM **Hip-Hop Dance** (AGES 13–18)

SATURDAY
 10:00–11:00AM **Hip-Hop Dance** (AGES 7–12)
 10:00–11:00AM **Teddy Bear Martial Arts – beginner** (AGES 3–6)
 11:00AM–12:00PM **Teddy Bear Hip-Hop Dance** (AGES 3–6)
 11:00AM–12:00PM **Teddy Bear Martial Arts – intermediate** (AGES 3–6)
 11:00–12:00PM **Martial Arts – all levels** (AGES 7–18)

_____ **Total classes - Child 1 (name):** _____
 _____ **Total classes - Child 2 (name):** _____
 _____ **Total classes - Child 3 (name):** _____
 _____ **Total classes - Child 4 (name):** _____

CAMP DESTINY (AGES 7-12) FIVE ONE-WEEK SESSIONS

Child
1 2 3 4

WEEK #1- Monday July 12- Friday July 16
 WEEK #2- Monday July 19 - Friday July 23
 WEEK #3- Monday July 26 - July 30
 WEEK #4- Monday August 2 – Friday August 6
 WEEK #5- Monday August 9 – August 13

PRE CARE/AFTER CARE

Pre-Care (8am-9am) # of weeks _____
 After-Care (5pm-6pm) # of weeks _____

FEES

Camp DESTINY

Child 1 \$300.00 per Week
 Additional Child(ren) \$240.00 per Week (20% discount)
 Pre-Care \$35 per week
 After-Care \$35 per week

Weekday Classes

Child 1 \$190.00 (9 Weeks)
 Additional Child(ren) \$165.00 (9 Weeks)

Saturday Classes

Child 1 \$80.00 (9 Weeks)
 Additional Child(ren) \$70.00 (9 Weeks)

Program Fees

Total Fees for Classes: _____

\$10 Registration Fee (new students only): _____

Uniforms & Merchandise

\$12 Destiny T-Shirt # needed: _____ Total: _____
 \$20 Martial Arts gi # needed: _____ Total: _____
 \$25 Destiny Sweatshirt # needed: _____ Total: _____

Donate, help ensure our programs continue!

Donate what you can: _____

TOTAL DUE: _____

Payment Options:

Checks (to Destiny Arts Center), Cash, Visa or MasterCard

Registration assumes full participation in the ENTIRE SESSION of classes. The undersigned assumes responsibility for paying fees in full regardless of participation. You may cancel enrollment by contacting the Office Manager at 510-597-1619.

Unfortunately, we are unable to grant refunds for our Summer programs.

Photo/Video Release: I agree that Destiny Arts Center may use photos or video footage of the student(s) listed on this registration form for publicity both in print and on the web.
 (cross out photo/video release if you disagree) **Initial** _____

RELEASE: I understand that Destiny Arts Center programs are high impact and involve physical contact. Therefore I release Destiny Arts Center and its Instructors of legal responsibility for accidents or injuries incurred while training in Destiny Arts Center programs - on or off site. **Initial** _____

See the IMPORTANT POLICIES document for details on additional polices.

By signing this document you agree to the terms and conditions of all our policies.

Signature: _____ Date: _____