

QUEENS ANGELS; LEADERSHIP TEAM



STUDENT NAME(S): _____ AGE(S): _____

GUARDIAN NAME(S): _____

PHONE NUMBER: _____ TEXT: Y/N _____

EMAIL (please print): _____

AGE: () LITTLE BITS: PRESCHOOL-AGES 3-5 () MINI-AGES 5-7 () JUNIOR-AG 8-12

PROGRAM DETAILS

I. Awards

1. 25 pts = gold star
2. Sign up a buddy= blue star
3. Perfect attendance= red star
4. Performance= green star
5. Camp= purple star
6. Straight A's=silver star
7. Anniversary= pink star



II. Bonus Events

1. Free Monthly Camp with Leadership Award Ceremony
2. Leadership Events
3. Service Projects

PAYMENT OPTIONS () Included in Leadership Program () Add on to other programs for \$20/mo

Leadership sash included

I hereby give my child permission to participate in Queen's Angels. I agree to the terms and conditions listed on the website, including the media release allowing Studio 21 to take and use photos for marketing purposes.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____



STUDIO 21
DANCE & FITNESS