

# W.C.C.S. Dance 2015-2016

*Sign up at Fall Processing Day!!*

*\$25 Registration fee for First Dancer, \$15 each additional dancer*

*(Registration Fee includes W.C.C.S Dance Bag)*

Kinder-8 <sup>th</sup> Grade Hip Hop	Tuesday's 3:00-4:15	\$50 Per Month
Kinder-2 <sup>nd</sup> Grade Ballet & Tap	Wednesday's 3:00-4:15	\$50 Per Month
1 <sup>st</sup> -2 <sup>nd</sup> grade Performing Group *	Monday's 7:30 AM	\$20 Per Month
3 <sup>rd</sup> -8 <sup>th</sup> Grade Ballet & Jazz	Monday's 3:00-4:30	\$60 Per Month
Ballet, jazz & Tap	Monday's 3:00-5:00	\$75 Per Month
Performing Group *	Monday's 7:30-8:30 am	\$20 Per Month

Note: We will have sign-ups for 5<sup>th</sup>-8<sup>th</sup> grade Pre-pointe/Pointe class for those interested

Dance classes taught by Mrs. Julie Young, WCCS Dance Instructor & Musical Director.

This year, all dance classes will begin the first week of October due to Mrs. Young's maternity leave.

Monthly Dance tuition include all of the following:

Weekly Lessons

Costume(s)

Chapel and Recital Performances

Dance bag at Fall Processing Day & Recital Trophy

\*Performing group is a year-long commitment. One year dance experience required or evaluation. Students in the performing group are required to take ballet training as well. Performing group performs at school functions as well as outside venues.

If you have any questions, please feel free to contact Mrs. Julie Young at [jyoung@wccsonline.net](mailto:jyoung@wccsonline.net) or leave a message with the front office.

Dance Child Information Record (If you have multiple children- feel free to use just one form)

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Dance Class(es) child will be enrolled in: \_\_\_\_\_

Phone number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local relative/Friend- Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Information and Authorization Form:

I (We) the undersigned parent or legal guardian of \_\_\_\_\_ (child's name), a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the medical practice act and on staff of any acute general hospital holding a current license to operate a hospital in the state of California, Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, of his/her best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given to the provisions of Section 25.8 of the Civil Code of California.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Last Tetanus Booster: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Special Medical Information: \_\_\_\_\_