

# W.C.C.S. Dance 2016-2017

*Sign up at Fall Processing Day!!*

*\$20 Registration fee for First Dancer, \$10 each additional dancer*

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

Kinder-2 <sup>nd</sup> Grade	Ballet & Tap	Wednesday's 11:25-12:15	\$40 Per Month
3 <sup>rd</sup> , 4 <sup>th</sup> & 5 <sup>th</sup> Grades	Ballet & Jazz	Wednesday's 12:10-1:10	\$40 Per Month
6 <sup>th</sup> , 7 <sup>th</sup> & 8 <sup>th</sup> Grades	Ballet & Jazz	Wednesday's 11:55-12:55	\$40 Per Month

Dance classes are taught by Mrs. Julie Young, W.C.C.S Dance Director

Dance classes are taught during the school day and are structured around the student's lunch and recess times. Students will eat lunch in the dance room on Wednesdays, and it is encouraged they bring a simple lunch. During the day, students will not need to dress out but will need the appropriate dance shoes. If you have ANY questions in regards to our new, during the school day schedule, please contact me!

Monthly Dance tuition include all of the following:

Weekly Lessons

Costume

Chapel and Recital Performances

Dance bag at Fall Processing Day & Recital Trophy

If you have any questions, please feel free to contact Mrs. Julie Young at [young.julie@aol.com](mailto:young.julie@aol.com) or 626-497-8190

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: \_\_\_\_\_