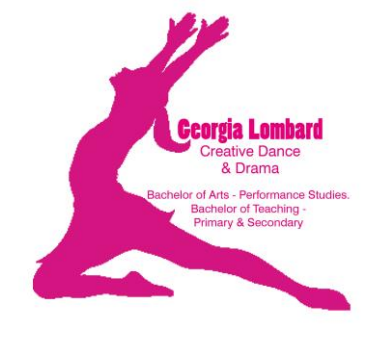


# Creative Dance Classes – Term 4 - 2018

## Essex Heights Primary School



An **After School Dance** class is offered at **Essex Heights Primary** on **Tuesdays** for students in **Prep to Year 2**. The class takes place in the **Stadium** and begins at **3.40pm** and finishes at **4.25pm**.

The Term 4 2018 Dance program commences on:

**Tuesday 9<sup>th</sup> October** and concludes on **Tuesday 4<sup>th</sup> December**.  
**(There will be no class on Tuesday 6<sup>th</sup> November due to Cup Day)**

The cost is \$80 for 8 x 45 minute sessions.

Payments must be made in full by the 2<sup>nd</sup> session by cash or cheque. Cheques to be made out to, **Creative Dance and Drama**.

The program provides children with the opportunity to:

- Learn basic warm up routines
- Learn a choreographed dance routine
- Create their own movements
- Perform the dance for a small audience at the end of the term

If you wish for your child to enroll in this classes please complete the registration and medical forms and return to the school office in an envelope. If you have any queries please contact Georgia Lombard on **0402024891** or visit **creativdanceanddrama.com** and go to the **contact page**.

## Creative Dance Classes

I would like to enroll my child/ren in **Dance** lessons.

**Child 1** Surname \_\_\_\_\_ First Name: \_\_\_\_\_

Year Level \_\_\_\_\_

Email Address: \_\_\_\_\_

**Child 2** Surname \_\_\_\_\_ First Name: \_\_\_\_\_

Year Level \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency Contact Details:**

**1<sup>st</sup> Contact Person** Name: \_\_\_\_\_

Telephone Number: (M) \_\_\_\_\_ (H or W) \_\_\_\_\_

**2<sup>nd</sup> Contact Person** Name: \_\_\_\_\_

Telephone Number: (M) \_\_\_\_\_ (H or W) \_\_\_\_\_

**Medical:**

Does your child suffer from any medical conditions? These include asthma and any allergies.

**YES or NO**

If yes, please fill in the details.

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I authorise the supervisor in charge of the Creative Dance and Drama to consent, where it is impracticable to communicate with me, to my child receiving such medical treatment, as may be deemed necessary, and ambulance transport if necessary.

**SIGNED:** \_\_\_\_\_ Parent/Guardian.

**DATE:** \_\_\_\_\_