Creative Dance Classes – Term 1 - 2017
Essex Heights Primary School

After School Dance classes are offered at Essex Heights Primary on Tuesdays and Wednesdays for students in Prep to Year 6. Classes take place in the Stadium and begin at 3.40pm and finish at 4.25pm. The Term 1 2017 Dance program commences on the following dates:

Prep – Year 2 – Tuesday 14th February – Tuesday 28th March. The cost is $70.

Year 3 – Year 5 – Wednesday 15th February – Wednesday 29th March. The cost is $70.

Payments must be made in full by the 2nd 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 these 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 creativedanceanddrama.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 (2017) __________

Email Address: ________________________________

**Child 2**  Surname __________  First Name: __________

Year Level (2017) __________

Email Address: ________________________________

**Emergency Contact Details:**

1st Contact Person  Name: ________________
Telephone Number: (M) __________  (H or W) __________

2nd 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.

_________________________________________

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:** ______________