

ROCKLAND YMCA
18 PARKSIDE DRIVE
SUFFERN, NY 10901
bhallissey@rocklandymca.org

SUMMER

DANCE & RUMBLE TUMBLE

WEDNESDAY EVENINGS

Ages 3 - 5

4:00-4:45 pm Creative Movement
4:45-5:30 pm Tap & Jazz

Ages 6 - 8

5:30 -6:20 pm Hip Hop/Jazz
6:30-7:15 pm Rumble Tumble
7:30-8:20 pm Rumble Tumble

Ages 9 & up

5:30-7:00 pm Classical
Ballet/Pointe
6:30-7:20 pm Hip Hop
7:30-8:20 pm Rumble Tumble

SATURDAY MORNINGS

Ages 3 - 5

9:00-9:45 am Creative Movement
9:45-10:30 am Tap & Jazz

Ages 6 - 8

9:30-10:20 am Tap, Ballet & Jazz
10:30-11:20 am Hip Hop/Jazz
11:30-12:15 am Rumble Tumble

Ages 9 & up

9:30-11:00 am Ballet/Pointe
10:30-11:20 am Hip Hop/Jazz
11:30-12:20 am Rumble Tumble

6 Week Session June 29 – August 10
(No class July 6)

1 class/1child - 6 week session \$120.
2 classes/same child - 6 week session \$180.
3 or more classes/same child - 6 week session \$240.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Dancers and Parents:

Welcome and thank you for registering for class at the Rockland County YMCA Suffern. I am excited to share my passion and commitment to the art of dance with all of you. We provide a nurturing environment where children will learn to appreciate dance, tumbling and movement as lifelong activities for self-expression, grace, strength, agility, creativity, and balance. Our teachers are highly qualified and care about the development of the whole person-mind, body and spirit. To make the dance experience more enjoyable, please review the following schedule and policies.

Dress Code Requirements

CREATIVE MOVEMENT & COMBO: Any color leotard, pink tights, pink ballet shoes and/or black tap shoes

JAZZ & HIP HOP: Any color leotard & tan tights or tank top, black jazz pants and tan jazz shoes

BALLET, LYRICAL, CONTEMPORARY & TAP & JAZZ: Black leotard, tan or pink tights, tan jazz, tap, lyrical sandals and/or pink ballet shoes

RUMBLE TUMBLE: Any color leotard or biketard, white gym shoes or barefoot.

Hair for classes – Hair must be neatly pulled back and up off shoulders. Buns are required for classical ballet. Please make an effort to have your child prepared with the proper shoes, tights and accessories for class. If they dress like a dancer they will feel like a dancer! Please no street clothes, sports jerseys or baggy clothes!

Refund and Make-Up Policies

There are no refunds - a credit may be issued towards a different class or a sibling's tuition within the dance and activity scheduled programs. Missed classes may be made-up at your convenience by attending a similar class on another day other than her/his regular scheduled day.

Classroom Protocol - Students who change shoes during their class will need to bring a dance bag into the classroom. Parents do not help children change their shoes; we learn how to do it ourselves. Please only keep dance supplies in your child's dance bag, if the bag is cluttered with clothes and toys it makes it difficult to find their shoes in the bottom of the bag. Please have your child's name clearly marked on all shoes and supply bag. Please arrive 5-10 minutes before your scheduled class time. Please take your young child to the bathroom before class begins as it can be very distracting to have children going to the bathroom during class.

YMCA Dance Staff



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SUMMER REGISTRATION FORM

Child's Name _____ Gender _____ Birthdate ____/____/____

		\$
Class#1		
Class#2		
Class #3		
	TOTAL	\$

FAMILY INFORMATION

Parent/Guardian _____ Parent/Guardian _____

Home Address _____

Street City State Zip

Cell Phone: _____ Home Phone: _____ Email Address: _____

EMERGENCY INFORMATION / RELEASE OF CHILDREN

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

_____ Ok to pick up child _____ Ok to give emergency info

ARE THERE ANY MEDICAL ISSUES OR ALLERGIES?

_____ No _____ Yes (please include a care plan)

Medications (the YMCA does not dispense medication)

List any medication (s) regularly taken: _____

PERMISSIONS

_____ Yes, in the event I, or my emergency contacts, am not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat my child. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

_____ Yes, I give the Rockland County YMCA permission to use my child's photograph for public relations and / or marketing purposes.

_____ Yes, I my child is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

_____ Yes, in consideration of my child's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with my child's participation in any of the activities of the YMCA.

Payment Information (circle one) MasterCard Visa American Express Discover

Name on credit card: _____

Card Number: _____ Expiration date: _____ CVC code: _____

I hereby authorize the Rockland County YMCA to charge my credit card for my child's membership and tuition.

Signature: _____ **Date:** _____