



November 20th 2019

Dear Dancers and Parents,

Thanks for your participation in our Dance Academy Program. We're excited to see our new and returning students thrive in this next semester's curriculum. Please look at the schedule to find an age appropriate class or contact me to talk about placement. If you're already enrolled in Semester 1 you don't need to fill out this packet!

Remember all class ages are as of September 1st 2019 and you're starting mid-year. It's always nicer to have a dancer move up after the first class or two, instead of down a level.

You can see our classes on-line with our interactive Craze PDF at www.crazedigital.org or pick up one of our brochures in the lobby or the recreation pavilion.

Registration is open for new and returning participants on December 2nd.

Enclosed you will find:

- **Dates to Remember**
- **Dance Academy Policies**
- **Dance Academy Policies Acknowledgement Form**
- **Dance Registration Form 2018-19**
- **2 sided Emergency Waiver**

Please return the last three pages (listed below) and keep the rest for reference

1. **Policies Acknowledgment form**
2. **Dance Registration Form**
3. **2 sided Emergency Waiver**

We hope to see you all back and ready to have fun in class, and in our Spring Recital.

Sincerely,

Chloe E Davenport
Dance & Fitness Programmer
cdavenport@ci.mlt.wa.us
(425)-640-3107

MLT Dance Academy 2019-2020

Dates to Remember & Holidays Observed

2019

- **Classes Begin** Monday Sept. 9th
- **Halloween** Thursday Oct. 31st No afternoon Dance or Fitness classes
- **Veterans Day** Monday Nov. 11th No afternoon Dance or Fitness classes
- **Thanksgiving Eve** Wednesday Nov. 27th No afternoon Dance or Fitness classes
- **Thanksgiving Break** Thurs. Nov. 28th - Sat. Nov. 30th No Dance or Fitness Classes
- **Winter Concert** **December 14th** **2 shows 1:00 & 3:30**
- **Winter Break** Monday Dec. 23rd – Jan. 5th

2020

- **Martin Luther King Jr. Day** Monday Jan. 20th No Academy Classes
- **Second Semester begins** Monday January 27th
- **Presidents' Day** Monday Feb. 17th No Academy Classes
- **Spring Break** Mon. April 6th – Sat. April 11th No Dance or Fitness Classes
- **Memorial Day Weekend Break** Sat. May 23rd – Mon. May 25th No Dance or Fitness Classes
- **Recital Mandatory Rehearsal** **Sun. June 7th** Reserve your whole day
- **Spring Recital 2 shows** **Sat. June 13th** Reserve your whole day
- **Last week for Academy Dance** June 8th – 11th

Mountlake Terrace Dance Academy Policies

Mountlake Terrace Dance Academy provides a structured approach to dance with emphasis on technique, creativity, and building self-esteem. We prepare a curriculum that spans the whole school year for each dance discipline. We are happy to integrate students anytime throughout the year. When placing students in the program our staff and director take capability, motivation and social skills into consideration. We strive to bring dancers to their best movement and artistic potential while remaining open and inclusive.

Dance Academy Classes

September 9th 2019 - June 13th 2020

First Semester: 9/9/2019 – 1/25/2020

Second Semester: 1/27/2020 – 6/13/2020

- Students may register by semester or for the full year.
- There is a \$35 registration fee for payment plans. If payment is in full, the registration fee is waived.
- Frequency Discount: Depending on the number of hours your family is involved you could receive 5%, 10% or 15% off your total registration. Please see the registration form for details.
- Scholarships are available; inquire at the front desk. We want to support motivated dancers!

Registration Requirements for Academy Classes:

Age requirements for academy classes must be met by September 1st 2019. For example, a student registering for Academy Creative Dance must be 3.5 years old by Sept. 1st 2019. (There are quarterly creative dance classes for children who don't meet our youngest age requirements for the Academy classes.)

Pointe students are required to attend at least two ballet technique classes per week in order to maintain a safe level of strength required for pointe work.

ROCKSTARS Performing Group dancers must take 2 technique classes a week to eligible for the company. Technique can be in Jazz, Lyrical, and/or Ballet.

Performances: Performances are always a great learning experience and a fun reward for hard work. Participation is strongly encouraged but performances are not required. Students are included in all the activities of class and receive the benefits of practice even if dancers/families opt out of the performances.

Spring semester dancers are invited to perform in our formal year-end recital, with a mandatory dress/stage rehearsal. Dancers who choose to perform in the spring recital are required to purchase costumes, and will have the option of purchasing recital photos and videos. Each performer will receive complimentary tickets for each spring performance. Tickets will be on sale for family, friends and the public to purchase.

Attendance Policy: Attendance is the key to creating strong, confident dancers and successful performances. Students are required to attend 75% of their classes in order to participate in performance opportunities. If students are unable to dance due to any circumstances other than contagious illness, they should attend and watch class for 1/2 attendance credit. Dancers are given an observation task on such occasions to keep them engaged and learning. Watching can be an eye-opening opportunity! Parents agree to announce absences to the teacher and or director in advance whenever possible. Vacations and school obligations causing absences should be reported to teachers well in advance.

Student Placement: If you're a returning student please review the placement form and teacher evaluation and identify appropriate classes from the schedule in your packet. If you are new to the program please enroll by age first. After the first class, the instructor and director may place the dancer in a different level if appropriate. The program is structured to encourage dancers to participate in multiple dance disciplines.

Parent Observation: Parents are asked not to be inside the dance room while class is in progress. This is to provide your dancer with the best learning environment by keeping distractions to a minimum. We want you to know what is happening in class without being a distraction, so discrete viewing through the window is great.

Dress Code facilitates the specific movements and style it belongs to and gives the class a ‘costume’ for the winter performances. Following the dress code builds camaraderie and discipline that will help students feel confident and comfortable during class, presentations and performances. If you have questions please feel free to call Chloe Davenport.

In General for All Dance

- Never wear your dance shoes outside – always change your shoes at the studio door
- Everyone’s hair must be secured off their face so they can focus on learning to move
- Jeans and other non-flexible fabrics aren’t appropriate for dance

Creative Dance ages 3.5 -5

Boys – sweats or shorts and a plain t-shirt, bare feet

Girls – any color leotard and footless tights or leggings, bare feet

Creative Pre-Ballet ages 5-7, Ballet levels I-VI

Boys – plain t-shirt, black tights or leggings and black leather ballet shoes

Girls – black leotard, pink tights and pink leather ballet shoes

level II-VI must have their hair in a bun, pre-ballet & level I are practicing buns every week

Tap & Ballet

Boys – plain t-shirt, black leggings, black leather ballet shoes & black tap shoes

Girls – black leotard, pink tights, pink leather ballet shoes & black tap shoes

Tap / Jazz / Lyrical

Boys & Girls – black jazz or yoga pants, plain t-shirt or leotard, tap shoes, jazz shoes or bare feet – respectively

Hip Hop

Boys & Girls – clean dance sneakers that haven’t been worn outside and dance sportswear

Irish Step Dance

Dance sportswear and black ghillies or ballet slippers

Registration Process:

Bring your registration to the pavilion front desk. Registration with payments in full may be mailed to the pavilion office. The following must accompany your registration:

- Placement Page (if you received an evaluation in the mail from last school year’s classes)**
- Signed Dance Policy Acknowledgement Form**
- Completed Registration Form**
- 2 sided emergency waiver**
- Payment**
- Automatic Payment form (optional)**

Mailing Address: Mountlake Terrace Recreation
5303 228th St. SW
Mountlake Terrace, WA 98043

Thanks you for your participation and support. I look forward to a great year of dance with you!

Sincerely,

Chloe E Davenport
Dance and Fitness Programmer
cdavenport@ci.mt.wa.us
(425) 640-3107





MLT DANCE ACADEMY POLICIES ACKNOWLEDGEMENT FORM 2019-2020

I have read the Mountlake Terrace Dance Academy Policies about Registration, Performances, Attendance, Absences, Placement, Parent Observation and Dance Code requirements.

As a student I agree to try my best to adhere to these policies, and understand that doing so will help to enhance my dance education and experience.

Student signature and date (for students age 7 and up)

As a parent I agree to support my child in following the policies of the dance program, and understand that doing so will enhance my child's dance education and experience.

Parent/guardian signature and date (for all parent/guardians)



Mountlake Terrace Recreation & Parks
 5303 228th St SW
 Mountlake Terrace, WA 98043
 (425) 776-9173

DANCE ACADEMY REGISTRATION FORM 2019-2020

Parent/Guardian printed Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

<u>Students Name</u> ex. Bella Jones	<u>Class Name</u> ex. Ballet III sem 1	<u>Day/s</u> ex. M, W	<u>hrs/wk</u> ex. 2.5	<u>Class Fee</u> ex. \$473	<u># of events</u> (staff fill in)
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
Totals				\$ _____	

_____ This family is eligible for a frequency Discount.

3 hours/week = 5%	Academy5
4 hours/week = 10%	Academy10
5+ hours/week = 15%	Academy15

Discount - _____%

Total Class Fees: \$ _____

Choose a payment Option on the back of this page

Choose a payment Option:

1. _____ **PAYMENT IN FULL:** At time of enrollment, registration fee is waived.

2. _____ **PAYMENT PLAN FULL SCHOOL YEAR:** For **two** or more classes per week only. Class fees will be broken into FOUR payments plus a \$35 registration fee. **First payment plus reg. fee due at time of registration.** Remaining payments will be due on the first of every month, October through December. **Automatic credit/debit card required.**

3. _____ **PAYMENT PLAN SEMESTER:** For **two** or more classes per week only. Class fees will be broken into TWO payments plus a \$35 registration fee. **First payment plus reg. fee due at time of registration.** Remaining payments will be due on the first of November. **Automatic credit/debit card required.**

Dance payment Plan terms:

- There is a one-time annual non-refundable registration fee of \$35.
- ¼ of total school year fees or ½ of total semester fees PLUS registration fee is due at the time of registration.
- Remaining payments will be debited on the dates listed below.
- Automatic payment is required to participate in the payment plan option.
- No credit will be given for occasional days missed due to illness, vacation or suspension.
- It is the parent’s responsibility to notify the Pavilion office if a credit card is reported lost or stolen, or is expired. There will be a \$10 service fee for declined cards.
- For questions regarding payment please contact **Renee Norton** at (425) 640-3108.

Refund Policy:

It is the parent’s responsibility to notify the Dance Programmer, Chloe Davenport at 425-640-3107 to request withdrawal from classes. Refund amounts will be prorated from the date of the request. **Refunds for Full Year classes will be charged a \$40 fee per class, refunds for Semester classes will be charged a \$25 fee per class.** Refund checks can take 3-4 weeks from the date of the request to arrive at your home.

I agree with and will adhere to the policies listed above

_____ Signature _____ Date

AUTOMATIC DEBIT/CREDIT CARD FORM

Dance Participant Name: _____

Visa **MC** **Card #** _____ - _____ - _____ **Exp.** _____

Name as appears on card: _____

I authorize the City of Mountlake Terrace to automatically charge my credit/debit card as a form of payment for services for the amounts agreed upon on the dates listed below.

Signature: _____ Date: _____

Full School year

¼ + \$35 fee \$ _____
 ¼ Oct 1 \$ _____
 ¼ Nov 1 \$ _____
 ¼ Dec 1 \$ _____

Semester

½ + \$35 fee \$ _____
 ½ Nov1 (1ST sem) \$ _____
 ½ Apr 1 (2nd sem) \$ _____

Mountlake Terrace Recreation and Parks Department

Preschool and Youth Program

5303 228th St. SW Mountlake Terrace WA 98043
425.776.9173

ENROLLMENT INFORMATION

Date received _____	Site _____
Start Date _____	
Program _____	Class entry _____

Child's Name _____ Age _____ Birthdate _____
Last First Nickname

BILLING Address _____ City _____ Zip _____ Home Phone _____

Email address _____

Lives with Mother Father Other _____ Child's gender Male Female

School _____ Grade _____ Circle Program Attending: Kids Krew Preschool Other _____

PARENT OR GUARDIAN INFORMATION – All parents/guardians listed are permitted to visit during center hours and are allowed to pick up child unless access is prohibited or restricted by a court order. Attach court order, if any.

Parent # 1 name: _____ Address _____ Phone _____

Parent's Workplace – Name and Phone number _____

Parent #2 name: _____ Address _____ Phone _____

Parent's Workplace – Name and Phone number _____

GUARDIAN'S NAME: _____ Address _____ Phone _____

Guardian's Workplace – Name and Phone number _____

EMERGENCY CONTACT (other than parent/guardian or doctor). This person will be called if parents/guardians cannot be reached. Is this person authorized to pick up the child: circle YES NO Relationship to Child: _____

NAME: _____ Address _____ Phone _____

Workplace – Name and Phone number _____

PERSONS OTHER THAN PARENT/GUARDIAN authorized to pick up child. Must be 18 years of age or older

Name	Address	Phone	Relationship to child
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1. _____

2. _____

AUTHORIZATIONS

It is important to me (us) that this child be allowed to participate in this activity. In addition, I (we) understand video tapes and photographs may be taken and used appropriately for publication & marketing purposes. I (we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of the City's facilities I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City Facilities. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Mountlake Terrace, its officials, employees and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity program stated above.

Parent(s)/Guardian Printed Name(s)

Date (expires one year from this date)

Parent(s) Guardian Signature(s)

City of Mountlake Terrace-Youth Program
Developmental and Health Information

Child's name _____ Today's date _____

DEVELOPMENTAL INFORMATION

Where has your child previously attended a preschool, recreation program or childcare? _____

What languages are spoken in your home? _____

What are your child's favorite activities? _____

How would you describe your child? _____

Does your child have any particular fears (animals, water, loud noises)? _____

Does your child have any special needs? _____

Have there been any changes within the last year (divorce, separation, death, move)? _____

What do you feel is the best way of disciplining your child? _____

Are there any dietary restrictions, family values or celebrations that need to be taken into consideration?

HEALTH INFORMATION An Individual Health Plan may be required from a Health Care Provider prior to attendance.

Does your child have a life-threatening health condition (diabetes, severe allergy, severe asthma, seizures, other)?

Does your child take any medications on a regular basis? If yes, please list medication and what it is for. _____

Does your child have allergies, reactions or intolerances to food, medicine, insects or other substances? _____

List allergy	Reaction	Potentially severe

Does your child have epinephrine (EpiPen) available at school? Y N
Where? _____

Child's Health Care Provider's Name _____ Phone _____

Date of child's last physical examination _____ Are immunizations current? _____

Child's Dentist Name & Phone _____ Date of last exam _____

EMERGENCY MEDICAL AUTHORIZATION

I hereby certify that my child _____ is in normal health and capable of safe participation in the program in which he/she is enrolling. I further give my permission for my child _____ to be given emergency treatment by a qualified City of Mountlake Terrace staff member. When I cannot be reached, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to the nearest medical facility. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature _____ Date Signed _____

Address: _____ Phone Number: _____