



August 12<sup>th</sup> 2019

Dear Dancers and Parents,

Thanks for your participation in our Dance Academy Program. We're excited to start the new school year and see our new and returning students thrive in this next year's curriculum. Please look at the schedule to find an age appropriate class or contact me to talk about placement. You can see our classes on-line with our interactive Craze PDF at [www.crazedigital.org](http://www.crazedigital.org) or pick up one of our brochures in the lobby or the recreation pavilion.

Registration is open for all participants on August 15<sup>th</sup>.

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 Winter Concert.

Sincerely,

Chloe E Davenport  
Dance & Fitness Programmer  
[cdavenport@ci.mt.wa.us](mailto:cdavenport@ci.mt.wa.us)  
(425)-640-3107

# MLT Dance Academy 2019-2020

## Dates to Remember & Holidays Observed

### 2019

- **Classes Begin** Monday Sept. 9<sup>th</sup>
- **Halloween** Thursday Oct. 31<sup>st</sup> No afternoon Dance or Fitness classes
- **Veterans Day** Monday Nov. 11<sup>th</sup> No afternoon Dance or Fitness classes
- **Thanksgiving Eve** Wednesday Nov. 27<sup>th</sup> No afternoon Dance or Fitness classes
- **Thanksgiving Break** Thurs. Nov. 28<sup>th</sup> - Sat. Nov. 30<sup>th</sup> No Dance or Fitness Classes
- **Winter Concert** **December TBD** Traditionally 2<sup>nd</sup> week of December
- **Winter Break** Monday Dec. 23<sup>rd</sup> – Jan. 5<sup>th</sup>

### 2020

- **Martin Luther King Jr. Day** Monday Jan. 20<sup>th</sup> No Academy Classes
- **Second Semester begins** Monday January 27<sup>th</sup>
- **Presidents' Day** Monday Feb. 17<sup>th</sup> No Academy Classes
- **Spring Break** Mon. April 6<sup>th</sup> – Sat. April 11<sup>th</sup> No Dance or Fitness Classes
- **Memorial Day Weekend Break** Sat. May 23<sup>rd</sup> – Mon. May 25<sup>th</sup> No Dance or Fitness Classes
- **Recital Mandatory Rehearsal** **June TBA** Traditionally Sunday before the show
- **Spring Recital 2 shows** **June TBA** Traditionally early June
- **Last week for Academy Dance** June 8<sup>th</sup> – 13<sup>th</sup>

# 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 9<sup>th</sup> 2019 - June 13<sup>th</sup> 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 1<sup>st</sup> 2019.** For example, a student registering for Academy Creative Dance must be 3.5 years old by Sept. 1<sup>st</sup> 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, Hip Hop 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.

Students dancing in the fall have the opportunity to perform in the semi produced Winter Dance Concert. Students borrow costume pieces to accessorize their dress code. This show is traditionally the 2<sup>nd</sup> or third Saturday in December. Look for a 'save the date' notice in October. Spring semester dancers are invited to perform in our formal year-end recital, with a mandatory dress/stage rehearsal. Those dates are TBA in late January. 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 228<sup>th</sup> 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](mailto: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.**

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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.**

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





**Mountlake Terrace Recreation & Parks**  
 5303 228<sup>th</sup> 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)
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	\$ _____	_____
<b>Totals</b>				\$ _____	

\_\_\_\_\_ 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 (1<sup>ST</sup> sem)     \$ \_\_\_\_\_

½ Apr 1 (2<sup>nd</sup> sem)     \$ \_\_\_\_\_



# Mountlake Terrace Recreation and Parks Department

## Preschool and Youth Program

5303 228<sup>th</sup> 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: \_\_\_\_\_