

The Jeannette Neill Children's Dance Program

Summer 2017 Workshops

The Intelligent Alternative

Animal Kingdom

Ages 3-4 years

Mondays: June 5, 12, 19 from 2:30-3:30pm

\$60

Monday, Wednesday, Friday: August 7, 9, 11 from 9:30-10:30am

\$60

A three class workshop combining a creative introduction to dance and arts & crafts

Jazz It Up!

Ages 5-7 years

Mondays: June 5, 12, 19 from 3:45-4:45pm

\$60

Monday, Wednesday, Friday: August 7, 9, 11 from 10:45-11:45am

\$60

A three class workshop introducing students to jazz & street funk dance styles

Hip Hop

Ages 8-12 years

Mondays: June 5, 12, 19 from 5-6pm

\$60

Monday, Wednesday, Friday: August 7, 9, 11 from 10-11am

\$60

A three class workshop introducing students to urban dance styles

On Broadway!

Ages 9-12 years

Tuesdays: June 6, 13, 20 from 4-5pm

\$60

A three class workshop of musical theatre dance repertoire

Contempo-Jazz

Ages 9-12 years

Tuesdays: June 6, 13, 20 from 5-6pm

\$60

A three class workshop of contemporary jazz dance styles

Summer Dance Camp

Ages 9-12 years

Monday-Friday: August 7-11 from 9:00am-12:30pm

\$300

A one week dance intensive training students in a variety of techniques and styles including ballet, jazz, tap, hip hop, contemporary, and musical theatre styles, including repertoire to be performed for parents and friends at the culmination of the workshop

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Registration Form

Classes fill quickly. To register, please complete this form and release form and mail to the address below.

Please print clearly.

Name: _____ Age: _____ D.O.B.: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Dance studio affiliation: _____ # Years: _____

Address: _____ Contact: _____

Please register me for:

Animal Kingdom (ages 3-4) \$60 June _____ August _____

Jazz It Up! (ages 5-7) \$60 June _____ August _____

Hip Hop (ages 8-12) \$60 _____ On Broadway! (ages 9-12) \$60 _____ Contempo-Jazz (ages 9-12) \$60 _____

Summer Dance Camp (ages 8-12) \$300 _____

Tuition is as listed per workshop above plus \$35 non-refundable registration fee for families not already registered for the 2016-2017 season.

Participants who withdraw from June workshops prior to May 30, 2017 will receive a full tuition refund less \$35 registration fee. No refunds will be issued for any reason on or after May 30, 2017. Requests for refunds must be made in writing, addressed to The Jeannette Neill Children's Dance Program c/o Stephanie Heroux and postmarked before May 22, 2017.

Participants who withdraw from August workshops prior to July 17, 2017 will receive a full tuition refund less \$35 registration fee. No refunds will be issued for any reason on or after July 17, 2017. Requests for refunds must be made in writing, addressed to The Jeannette Neill Children's Dance Program c/o Stephanie Heroux and postmarked before July 10, 2017.

I have enclosed payment in the amount of \$ _____
PLUS \$35 non-refundable registration fee (if applicable) for a total of \$ _____
Please note: registration will not be processed without a signed release form.

Credit card type: _____ Number: _____

Expiration Date: _____ Security Number: _____ Zip Code: _____

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Release Form

By signing below, I hereby give permission for my child, (print name)

to study dance at The Jeannette Neill Dance Studio, Inc. The teachers of Powered by Dance and The Jeannette Neill Dance Studio, Inc., are competent dance professionals and are careful to give material appropriate to the level of each student. However, I understand that since dance is a physical activity, injuries may occur. Therefore, Powered by Dance, The Jeannette Neill Dance Studio, Inc., and its instructors will not be held liable for personal injuries or loss of or damage to personal property. I understand that my child may decline to participate in any activity that he/she may deem to be harmful. He or she is also responsible to inform the instructor and program administration of any physical limitations that may prevent full participation in class.

Parent/Guardian Name (please print)

Relation to Student

Signature

Date

Address

Emergency Contact (write same, if same as parent)

City, State, Zip

Emergency Contact telephone (cell phone, please)

Home Phone

Cell Phone

Parent E-mail (primary contact)

Please list and describe any pre-existing medical conditions, allergies or medications: