

Each session lasts eight weeks, so students receive eight hours of extracurricular dance education.

During the program students hone their technical and creative skills as dancers. Students in the program are able to learn specific styles of dance such as ballet, jazz, modern, hip hop, and even cultural dance styles like Mexican Folklorico. Not only do students get to explore the technique of dance, but they also have the opportunity to create dances with other students. Students are encouraged to collaborate while exploring and choreographing based on various stimuli. It is an amazing experience for students to work with students from other schools who share their love for dance.

At the end of the sessions the students have a chance to show their families what they learned and perform to a real audience.

The program is open to students in grades 3-8. Classes are one hour once a week. Students should wear comfortable clothing that allows them to move freely. Special dance shoes are not necessary, but students may wear them if they wish.

Fall Session Dates:

Wed, September 22, 2021 – November 10, 2021 4:30-5:30 pm Vancouver School of Arts and Academics

Winter Session Dates:

Wed, January 26, 2022 – March 16, 2022 4:30-5:30 pm Vancouver School of Arts and Academics

To apply all interested students and parents should submit Registration and Consent/Medical Forms by Friday, September 10, 2021. Families will receive a confirmation email with further details about attendance, attire, etc.

Mail to:

Barb Nelson/Libby Odren JPC - Visual and Performing Arts 2901 Falk Rd, Vancouver, WA 98661

OR

Student turns in application to school office to be interoffice mailed to VaPA Office at JPC

OR

Email to: Barb Nelson - barb.nelson@vansd.org Libby Odren - libby.odren@vansd.org

Questions: Traci Young - traci.young@vansd.org

After School Fall and Winter Dance Sessions

• Please print •

Student's Full Name: _____

Parent/Guardian Name(s): _____

Current School: _____

Current Grade: _____

Home Address: _____

Best Contact Number: _____

Email:

Emergency Contact Person : _____

Relationship to student: _____

Emergency Contact Number:

Check Only One Session (Both Sessions are the same):

Fall Session
(September 22 - November 10, 2021)

Boy
Girl

Mixed

OR

Winter Session

Boy

Girl

Mixed

(January 26 - March 16, 2022)

Boy

Girl

Mixed

(Complete Consent / Medical Form on Back)



THE UNDERSIGNED HEREBY GIVES PERMISSION AND AUTHORIZES

Student Legal Name:___

To attend the After School Dance Sessions, Dates of Attendance: Between September 2021 – March 2022.

Consent for Medical Treatment

This is to authorize emergency medical care and treatment for my son/daughter in my absence. Every reasonable effort will be made to contact me if such action is necessary.

FAMILY PHYSICIAN

HOSPITAL PREFERENCE

NAME OF INSURANCE CARRIER

GROUP/CHART NUMBER

If your student will need to bring prescribed medication, the Authorization for Medication Administration form (enclosed) must be completed and signed by the health care provider and parent/guardian. For over-the-counter medications, please check with your school nurse for procedure.

DOES YOUR CHILD TAKE ANY MEDICATION? _____ If yes please list:_____

DOES YOUR CHILD HAVE ANY HEALTH CONCERNS THAT THE TEACHER NEEDS TO BE AWARE OF?

I UNDERSTAND THAT THE STUDENT WILL BE SUPERVISED BY SCHOOL AUTHORITIES AND THAT EVERY EFFORT WILL BE MADE TO ENSURE STUDENT SAFETY.

I WILL ASSUME FINANCIAL RESPONSIBILITY FOR EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT NAME

PHONE/RELATIONSHIP

<u>NOTE</u>: THIS CONSENT FORM MUST BE SIGNED AND RETURNED TO SCHOOL PRIOR TO THE DESIGNATED DATE OF PROGRAMS ATTENDED.

Revised 8-19

(Complete Registration Form on Back) →