

# Pre-School Classes

2-3 year olds

Saturday \*\* 9:00 - 9:50

3+4 year olds

Friday 9:30 - 10:20

4+5 year olds

Saturday\*\* 10:00 - 10:50

after-school

3-5 year olds

Tuesday 4:00 - 4:50

Thursday 5:30 - 6:20

## sessions

Session 1	9/5 - 10/20 (7 weeks)	\$84
Session 2	10/23 - 12/22 (8 weeks) no classes 11/19 - 11/24	\$96
Session 3	1/3 - 2/16 (7 weeks)	\$84
Session 4	2/23 - 4/13 (7 weeks)	\$84
Session 5	4/22 - 6/8 (7 weeks)	\$84

There is a \$20 annual family registration fee.

All costume and tuition payments are non-refundable. No exceptions.

@ dancers' corner  
2018-2019

All enrolled pre-school students are eligible, but not obligated to, participate in the recital. More details will be given out in class.

Our Annual Recital will be held  
October 20, 2018 at  
Lebanon Opera House

\*\*Saturday classes may follow a slightly different schedule due to performance events. Reminders will be posted and emailed.

93 pine street  
white river jct., vt 05001

## pre-school registration form 2018-2019

802.296.2526  
dancerscorner.net

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Class	Day	Time
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### Standard Photo Release

I hereby give my consent for dancers' corner to use my/my child's photograph and likeness to be used in its publications, including its website. I release dancers' corner from any expectation of confidentiality for the above signed minor child(ren) and myself and attest that I am the parent or legal guardian of the child(ren) listed above.

Parent/Guardian signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

### Release of Liability

Dancing is a physical activity. We at dancers' corner will not make an evaluation as to whether your child is fit for this activity. If your child is physically impaired, it is your responsibility to obtain a physician's assessment of your child's limitations. It is always advisable to consult a physician before undertaking any physical exercise program. dancers' corner does not carry medical insurance for your child. It is your responsibility to provide medical coverage for your child. You hereby waive any claims against dancers' corner and its employees and agree that your above signed child is participating voluntarily.

Parent /Guardian signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_