

# *SCHEDULE of CLASSES:*

DAY	TIME	AGE	NEEDS	TYPE OF CLASS	TEACHER
MONDAY	3:30-4:30pm	3, 4, 5	non special	creative dance / gym	Kaminsky
	4:30-5:45pm	4, 5, 6, 7	special		
TUESDAY	3:30-4:30pm	6, 7, 8	special	jazz and tumbling	Smallwood
	4:30-5:45pm	6, 7, 8	non special		
WEDNESDAY	3:30-4:30pm	9, 10, 11	special	modern and improvisation	Harum Alvarez
	4:30-5:45pm	9, 10, 11	non special		
THURSDAY	3:30-4:30pm	12, 13, 14	special	jazz and creative work	Pusceddu
	4:30-5:45pm	12, 13, 14	non special		
FRIDAY	3:30-4:30pm	15-18	special	modern, creative improvisation	Peterson
	4:30-5:45pm	15-18	non special		
SATURDAY	10-11am	9-12	Inclusive Dance for all	jazz, creative improvisation	Peterson plus assistant
	11am-12pm	13-16			

Special Needs: any child with a cognitive, physical or learning disability who thrives in small groups in a less competitive environment

Non Special Needs: any child without a disability who thrives in a competitive peer environment

Faculty Includes: Enid Harum Alvarez, Carol Kaminsky, Jennifer Smallwood, Karen Peterson, Jessica Pusceddu

## Child Information Form

Please fax (305) 378-4042 or send to Excello: 8700B SW 129th Terrace, Miami, FL 33176 to register your child  
\*Required fields.

**Child's\*:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Mother's:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Father's:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Which class are you registering for? \_\_\_\_\_

Does child live with a legal guardian?  Yes  No

If yes, Guardian's: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

**Address\*** \_\_\_\_\_ **City \*** \_\_\_\_\_ **Zip Code\*** \_\_\_\_\_

**Parent/Guardian Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Child's Date of Birth\*** \_\_\_\_\_ **Child's Gender\*:**  Male  Female

**Child's Primary Language\*:**  English  Spanish  Haitian-Creole  Other \_\_\_\_\_

**MDCPS ID Number\*:** \_\_\_\_\_

**Child's Current School \*:** \_\_\_\_\_ **Child's Current Grade\*:** \_\_\_\_\_

**Does participating child have a documented disability?\***  Yes  No

*If yes, check the appropriate boxes.*

Autism  Chronic Medical Condition  Emotional and/or Behavioral Disorder

Hearing Impairment  Learning Disability  Mental Retardation  Physical Disability

Visual Impairment  Other Disability  Unknown Disability

**PARENT/GUARDIAN SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I understand that the class payment of \$50 per month is payable on the first week of each month to Karen Peterson and Dancers, Inc.

\_\_\_\_\_ Parent Initials\*