



**West Grove Classical Ballet/Tap Classes at Virrick
Park 3255 Plaza Street, Miami. FL. 33133
2011-2012 School Year**

This Program is
Proudly Funded by



Because All Children
Are Our Children

The **Thomas Armour Youth Ballet Scholarship Program** is pleased to sponsor professional ballet and tap classes at Virrick Park. Classes will begin on Monday, **August 22nd, 2011** and end on Friday, **June 1, 2012** and will be **free of charge (only a one-time \$10 commitment fee)**. **Enrollment will be limited to 25 students per class**. If you are interested, please return your permission slip as soon as possible to the park office or to Ms. Jessica/Ms. Natasha in the dance room.

Classes will be divided by grade as follows:

- Level IA: (3/4 years old) Mondays, 2:30-3:30pm**
- Level IB: (Kinder/1st grades) Thursdays, 2:30-3:30pm**
- Level II: (2nd/3rd grades) Mondays /Wednesdays/Thursdays, 3:30-4:30pm**
- Level III: (4th/5th grades) Mondays/Wednesdays/Thursdays, 4:30-6:00pm**

**Ms. Jessica (305) 494-4151
Ms. Natasha (305) 610-0499**

The students will need the following dance clothing:

- Girls:** Black short sleeved leotard, pink or natural shade tights and pink ballet shoes. Kindergarten and 1st grade girls will not wear tights, but may wear white ankle socks instead.
- Boys:** White short sleeved leotard, black tights, black ballet shoes and white socks.

Tap shoes will be needed for all students taking tap classes.

Please detach and return to Ms. Jessica or Ms. Natasha in the dance room or the Park Office.

****Please note that classes will be filled on a first come first served basis****

I hereby give permission for my child _____ to participate in ballet and tap classes at **Elizabeth Virrick Park** (3255 Plaza Street, 33133).

_____ I wish to enroll my child in the program. Attached is Cash/Money order for \$10 made out to **Thomas Armour Youth Ballet** for my child's commitment fee.

Child's School _____ **Child's grade:** _____ **Child's teacher:** _____

Emergency Contact Information

Name of parent/guardian _____ Phone # _____

Work # _____ Cell # _____ E-mail: _____

If parent cannot be reached, contact: _____

Phone # _____ Cell # _____ Relationship: _____

Complete if applicable: My child has the following medical problem: _____

My child takes the following medication regularly/has the following allergies: _____

Individuals authorized to pick up child:

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

Name: _____ Phone#: _____ Relationship: _____

_____ ***I promise to make sure that my child has excellent attendance in these dance classes.***

_____ ***I give permission for my child's photo/video to be taken for promotional purposes.***

_____ ***I give permission for my child's grades to be tracked. We are collecting data to show how dance improves the student's academic performance.***

Parent/Guardian Signature: _____ **Date:** _____



Child Information Form

Child's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, **Guardian's:** Last Name _____, First Name _____, Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Child's Country of Origin: _____

Is Child Proficient in English?* Yes No

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole Other _____
 None

Child's Social Security number*: _____ No SSN; Prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; Prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's Trust may be able to help you find affordable coverage—call 211.)

Does child have a documented disability?* Yes No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
 - an Individualized Education Plan (IEP) from the school system
 - a Section 504 Plan
 - a medical diagnosis from a doctor
 - a diagnosis by a state certified/licensed professional (ex., psychologist)
 - disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the disability type(s)? (check all that apply):

- Autism Spectrum Disorders
- Learning Disability
- Chronic Medical Condition
- Physical Disability
- Developmental Delay (under 5 only)
- Speech/Language Impairment
- Emotional and/or Behavioral Disorder
- Visual Impairment (or blind)
- Hearing Impairment (or deaf)
- Other Disability _____
- Intellectual Disability (or mental retardation)

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.

PARENT/GUARDIAN SIGNATURE*: _____ **DATE:** _____

For Staff Use Only (MUST BE COMPLETED)

ORGANIZATION: Thomas Armour Youth Ballet SITE LOCATION: **ELIZABETH VIRRICK PARK**

*Required fields

Revised 06/10



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize or **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.