



SUNDAY MORNING MOVES

DANCE CLASSES

WITH LAURYN

7044 S. 13th Street Oak Creek, WI 53154 CREATIVE PRODUCTIONS

DANCE STUDIO

MOVE YOUR SOUL

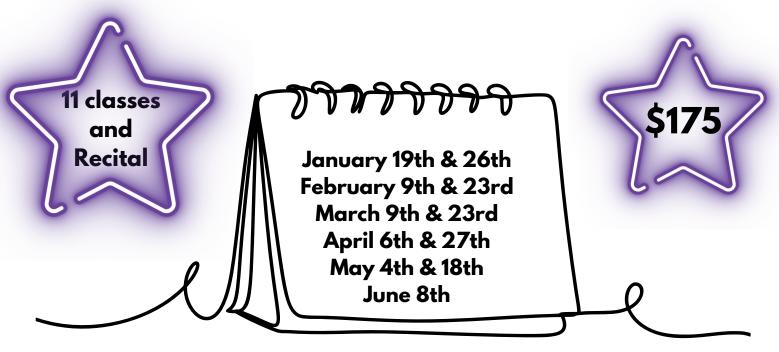
Ages 7-14yo Jazz (10am-11am) Ages 15-22yo Hip Hop (11am-12pm)





Dancer's To Do: Complete attached registration form Sign Waiver at Creative Studios (1st class)

Please Bring: Non-Spill Water Bottle Comfortable Clothes or Activewear, Tennis Shoes & Socks Please wear hair in a ponytail or bun as needed.



Dance Recital June 16th 6pm @ Oak Creek Performing Arts Center 340 E. Puetz Rd Oak Creek, WI 53154

**Other performances to be determined with adequate notice







AND

IN PARTNERSHIP WITH

Please check off the class you are signing up for:	
Ages 7-14: Jazz 10am-11am Ages 15-22: Hip Hop 11am-12pm	
Name	Date of Birth
Address	
Email	
Phone Number	
Any Allergies? Yes No	
If so, what	
Seizure Disorder? Yes No Diabetic? If so, What do they look like?	Yes No
Behaviors?	
Emergency Contact Information:	
Parent/Guardian:	
Phone # Alternate Pho	
Email	
	Relationship:
Phone # Alternate Pho	ne #
Email	
NEED OF PERSONAL I I ALSO UNDERSTAND THAT IF I AM IN NEED OF BEH	WILL PROVIDE PERSONAL CARE ASSISTANCE IN EMERGENCY SITUATIONS ONLY. IF I AM IN CARE OR TRANSFERS, I MUST HAVE A PCA COME WITH ME. HAVIOR INTERVENTION AND/OR 1-1 SUPERVISION I MUST BRING A PCA WITH ME FOR CARE ALS ONLY OFFERS A 1-5 RATION DURING EVENTS.
SELF/PARENT/GUARDIAN SIGNATURE::	
PHOTOGRAPH AND VIDEOTAPE ME/MY WARD ENGAGUSED FOR THE PURPOSE OF ILLUSTRATION, BROA	RSEALS SOUTHEAST WISCONSIN AND CREATIVE PRODUCTIONS DANCE STUDIO TO SED IN ACTIVITIES AND UNDERSTAND THAT THESE PHOTOGRAPHS OR VIDEOS MAY BE SECONDARY OF TESTIMONIAL IN CONNECTION WITH THE WORK OF EASTERSEALS AND AND THAT THESE MATERIALS MAYBE RELEASED TO THE GENERAL PUBLIC. YES NO
SELF/PARENT/GUARDIAN SIGNATURE:	
OW WILL YOU BE PAYING FOR YOUR RECREATION PROC	GRAMS? PAYMENT CAN BE MADE VIA CASH, CHECK, OR CREDIT CARD. FOR CREDIT CARD PAYMENT PLEASE
	NY OTHER FORM OF PAYMENT MUST BE RECEIVED PRIOR TO START OF EVENT AYMENT CONTACT INFORMATION:
PHONE: EMAIL:	
	SEND CHECKS AND REGISTRATION TO:

SEND CHECKS AND REGISTRATION TO: EASTERSEALS SOUTHEAST WISCONSIN 6737 W WASHINGTON STREET, SUITE 4205 WEST ALLIS, WI 53214