



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**AGING & DISABILITIES
SERVICES**

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)**





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DANCE STUDIO
MOVE YOUR SOUL

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.



**11 classes
and
Recital**



**January 19th & 26th
February 9th & 23rd
March 9th & 23rd
April 6th & 27th
May 4th & 18th
June 8th**



\$175

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? **Yes** **No**

If so, What do they look like? _____

Behaviors? _____

Emergency Contact Information:

Parent/Guardian: _____

Phone # _____ Alternate Phone # _____

Email _____

Emergency Contact Name: _____ Relationship: _____

Phone # _____ Alternate Phone # _____

Email _____

I UNDERSTAND THAT EASTERSEALS SE WI STAFF WILL PROVIDE PERSONAL CARE ASSISTANCE IN EMERGENCY SITUATIONS ONLY. IF I AM IN NEED OF PERSONAL CARE OR TRANSFERS, I MUST HAVE A PCA COME WITH ME.
I ALSO UNDERSTAND THAT IF I AM IN NEED OF BEHAVIOR INTERVENTION AND/OR 1-1 SUPERVISION I MUST BRING A PCA WITH ME FOR CARE. EASTERSEALS ONLY OFFERS A 1-5 RATION DURING EVENTS.

SELF/PARENT/GUARDIAN SIGNATURE: _____

PHOTO RELEASE: I GRANT PERMISSION TO EASTERSEALS SOUTHEAST WISCONSIN AND CREATIVE PRODUCTIONS DANCE STUDIO TO PHOTOGRAPH AND VIDEOTAPE ME/MY WARD ENGAGED IN ACTIVITIES AND UNDERSTAND THAT THESE PHOTOGRAPHS OR VIDEOS MAY BE USED FOR THE PURPOSE OF ILLUSTRATION, BROADCAST, OR TESTIMONIAL IN CONNECTION WITH THE WORK OF EASTERSEALS AND CREATIVE PRODUCTIONS DANCE STUDIO AND THAT THESE MATERIALS MAYBE RELEASED TO THE GENERAL PUBLIC.

YES NO

SELF/PARENT/GUARDIAN SIGNATURE: _____

HOW WILL YOU BE PAYING FOR YOUR RECREATION PROGRAMS? PAYMENT CAN BE MADE VIA CASH, CHECK, OR CREDIT CARD. FOR CREDIT CARD PAYMENT PLEASE

CALL 414-449-4444 AUTHORIZATIONS FOR ANY OTHER FORM OF PAYMENT MUST BE RECEIVED PRIOR TO START OF EVENT

PAYMENT CONTACT INFORMATION:

NAME: _____

PHONE: _____

EMAIL: _____

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

CHECKS PAYABLE TO EASTERSEALS SOUTHEAST WISCONSIN
QUESTIONS? EMAIL SHELLY AT SHELLYR@EASTERSEALSWISE.COM OR CALL AT
414-840-9740