

CRANE PERFORMING ARTS SCHOOL
1155 PHOENIXVILLE PIKE, SUITE 111, WEST CHESTER, PA 19380 (610) 692-7780
2009-2010 CLASS SCHEDULE

	<u>TIME</u>	<u>CLASSES</u>	<u>INSTRUCTOR</u>
M O N	4:00-5:00	Ballet B	Tara
	4:00-5:00	Jazz 2 (teen)	Kara
	5:00-6:15	Jazz 3/4	Kara
	5:00-6:00	Ballet A2	Tara
	6:15-7:15	Lyrical 1 (teen)	Kara
	6:00-7:00	Pre-Dance	Valerie
	7:15-8:15	Hip-Hop Jr.-Int.	Kara
	7:00 -8:15	Ballet C / Pointe	Tara
T U E S	4:00-5:00	Tech A	Joyce
	4:00-5:00	Hip-Hop Jr.	Ian
	5:00-6:00	Ballet B/C	Braham
	5:00-5:45	Tap 2	Joyce
	6:00-6:45	Pre-School	Valerie
	6:00-7:00	Tap 3	Braham
	7:00-8:00	Choreography Exploration	Braham
	8:00-9:00	ASH II	Braham
W E D	4:00-5:00	Lyrical 1	Makenzie
	5:00-6:00	Jazz 2	Makenzie
	5:00-6:00	Tech B	Joyce
	6:00-6:45	Tap 1 (all ages)	Joyce
	6:00-7:00	Lyrical 3	Makenzie
	7:00-8:00	Lyrical 2	Makenzie
	7:00-8:00	Hip-Hop Sr.	Ian
	3:15-4:00	Pre-School	
T H U R S	4:00-5:00	Jazz 1	Makenzie
	5:00-6:00	Ballet A1	Adrienne
	5:00-6:00	Leap & Turns (level 2+)	Joyce
	6:00-7:00	Pre-Dance	
	6:00-7:00	Hip-Hop Sr. (Int./Adv.)	Adrienne
	7:00-8:00	SO FRESH SENIOR	Adrienne
	7:00-8:00	Teen/Adult Jazz	

*Crane Performing Arts Studio reserves the right to cancel any class that has fewer than six students enrolled.

STUDENT REGISTRATION FORM
2009-2010

Student's Name: _____ Age: _____ D.O.B.: _____

Student's Name: _____ Age: _____ D.O.B.: _____

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Parent/Guardian cell: (____) _____

Student's Cell Phone: (____) _____ E-Mail Address: _____

Confirm E-Mail Address: _____

IF NEW TO CRANE'S, LIST FORMER STUDIO AND # YEARS _____

CLASS	DAY	TIME

Total Tuition: \$ _____ *Make checks payable to:
 Registration Fee: + \$ 25.00 (per family) "Crane"
 Total Amount Enclosed: \$ _____

**List any medical conditions that may be affected or aggravated by participating in any activities at Crane Performing Arts School:

I hereby state that my child has had a recent physical examination and is in satisfactory condition to participate in dance and he/she has no physical conditions except as stated above. By giving my child permission to participate in the dance program, I acknowledge that any activity involving height and motion (such as dance & gymnastics) involves the risk of injury; ranging from minor injuries (such as bruises & sprains) to serious or even catastrophic injuries (such as permanent paralysis or even death). I hereby release Crane Performing Arts School, their officers, owners, employees, and agents from any and all claims for damage to persons and property which might arise as a result of an accident occurring while my child is participating in the program; including class participation, shows, competitions, and transportation to such shows and competition. I hereby state that I have read and understood the above release.

Parent's Signature: _____ Date: _____