Veterans Park District

Dance Program
Spring 2022

Parent and Registration Packet
DANCE
Ages 3 – 12

Creative Movement (Ages 3-4): A pre-ballet creative movement class using role playing and simulations to teach dynamics of dance and choreography. Locomotor skills, coordination, special awareness, balance, rhythm, and flexibility will be developed. Dancers who complete this class will be able to name and execute dance fundamentals. Child must be 3 years old by the start date of this class. Ballet shoes are required.

Ballet 1 (Ages 5-7): Students will further their ballet techniques to learn more complex steps and terminology. They will begin to learn across-the-floor movements, body alignment and etiquette. Improvisation is introduced as a means of self-expression. Ballet shoes are required.

Ballet II (Ages 7-11): Students further their knowledge of ballet by learning more technically advanced steps. Choreography of various steps are being connected to create ballet routines. Improvisation is further explored as an additional way to create choreography. Posture and vocabulary are further emphasized. Ballet shoes are required.

Modern/Jazz (Ages 7-12): A fun combination class for students who are interested in learning strength, partner work, choreography, and improvisation. Jazz shoes are required.
Classroom Policy

To ensure the classroom is a clean and safe environment all students are asked to only wear dance shoes in the classroom. All food, drink, and gum are limited to the Parent’s waiting area. For every student’s safety, we ask that all jewelry be taken off before class. Students remain in the Parent’s waiting area until an instructor comes out to invite the students into the classroom. If a student is late to class, quietly open the door and join the class activity.

Bathroom Policy

Children are asked to go to the bathroom before class starts. Instructor is not allowed to accompany any student to the bathroom. All parents must stay in the building and be accessible to the instructor and children in case a child needs to go to the bathroom during class.

Uniform

All students are required to be in the appropriate uniform each time they come to class. The ballet uniform consists of “ballet pink” tights and “ballet pink” leather ballet shoes. No slippers. Any color leotard is acceptable.

Modern/Jazz students should wear comfortable clothes and Jazz shoes.

Behavior Policy

1. The instructor will address the action or behavior and explain why it is not accepted in the classroom.
2. If the child repeats the action or does not follow Dance classroom rules again, they will have to sit out (one minute per year).
3. The instructor will warn student that if the action continues, their parent/guardian will be notified and the child will have to sit out of the classroom until ready to behave in the classroom.

Location

Kahl Park: 255 Palmer Northlake

All dancers are expected to treat our facilities kindly. Please make sure that all food and drink items are picked up and thrown away. For all of students' safety, we asked that all items are clear of the entrance of the classroom, no running through the building, and all children stay with their parent/guardian at all times.

If you have any questions regarding our Dance program, please contact

Grant Park Main Office (708) 343-5270
George A. Leoni Complex (708) 716-4822
Veterans Park District Dance Program Enrollment Form

Please print and fill out all sections completely

Child's Name: ____________________________________________

Last                                      First

Address: ____________________________________________________

City          State           Zip

Date of Birth: ___/___/____  Age: ______

Mother's Name: ____________________________________________ Mobile Phone# ________________

Father's Name: ____________________________________________ Mobile Phone# ________________

Alternate Email Address: ____________________________________

Emergency Contacts/Authorized Pickup List: Please list 1 person to call other than parents in case of emergency. Person listed will also be authorized to receive their child and must have identification:

1. Name: ___________________________ Relationship: ___________ Phone# ___________

Address: ___________________________ City: __________________ Zip: _______

Child Questionnaire

Does your child speak English? Yes ☐ No ☐

Understand English? Yes ☐ No ☐

Do parents speak English? Yes ☐ No ☐

Language Spoken at home: ___________________________

Does your child have any health conditions or medical needs? If yes, please explain: ___________________________

Does your child have any special needs or require any accommodations? ___________________________

Does your child have any allergies? Yes ☐ No ☐ If yes, please explain: ___________________________
PARTICIPANT COVID-19 ASSESSMENT DIRECTIONS/EXPLANATION

To limit the potential spread of the COVID-19 within the Park District, the Park has implemented the following for program and/or events to ensure participants and staff are safe.

1. Prior to attending a Program or Event, all participants must take the COVID-19 Assessment and have their temperature taken to determine if they are showing signs or symptoms of COVID-19.

   a. If the participant has a temperature of 100.4°F or higher, the participant cannot attend the program or event. The parent or guardian must take the participant home.

   b. If a participant becomes sick or has a fever during the program or event, they will be isolated from the group and the parent or guardian will be contacted to pick up participant.

If either a or b above occurs, the participant will be requested to see a healthcare provider for evaluation. Participants who are found to have COVID-19 symptoms must wait 10 days after symptoms resolve to return to program/event OR must provide written proof of physician clearance to return earlier. Participants who test positive for/ have COVID-19 must provide written medical clearance before returning to the program.

All participants are urged to stay home if they are sick or showing signs and symptoms of COVID-19 or have been exposed to someone who has had COVID-19. Participants are encouraged to contact a healthcare provider if they are feeling unwell.

2. All participant self-assessments will be kept in a secure location at the Park District in case someone in attendance is diagnosed with COVID-19 and contact tracing is needed. The Park District will follow all HIPPA regulations to protect the identity of the infected individual.

3. Throughout the program/event participants will be reminded that they must abide by the safety protocols outlined by the CDC and the State of Illinois. Those guidelines are:

   a. Wearing a face mask

   b. Social Distancing: Maintaining a six (6) foot distance from other participants and staff.

   c. Hand Washing: Participants will be reminded to frequently and thoroughly wash (at least 20 seconds) their hands or use hand sanitizer.

Signage has been posted throughout all buildings and parks to remind participants that face coverings and social distancing must be followed for everyone’s safety. Hand washing signage is posted on washroom doors as a reminder to wash hands.

4. All Veterans Park District staff are required to take a COVID-19 Self-Assessment prior to beginning their shift at the Park to determine if they are showing signs or symptoms of COVID-19. If they are showing signs, they will be sent home.

I have read and understand that my child will need to complete the Participant COVID-19 Assessment at the start of each program or event. If my child is unable to complete the assessment, I will complete the assessment for them.

Further, I agree that if my child is sick, I will not bring them to the program or event.

Parent or Guardian (Printed): __________________________________________________________

Parent or Guardian (Signature): ___________________________________________ Date: __________
Veterans Park District
Dance Program Policy Agreement

I read, understood, and agree to ALL the Veterans Park District Dance Program policies and procedures.

From time to time policies and procedures are reviewed, changed and added. If so, I understand I will receive any changes to the existing handbook.

______________________________
Parent/Guardian Name (Please print)

Parents of __________________________, hereby

Student’s Name (Please print)

certify that I have received a copy of the Dance Program handbook by Veterans Park District and will abide by all policies and procedures.

______________________________
Parent/Guardian Signature

______________________________
Date