

Tuckahoe PTA Dance Registration



Tuition: 1st Child \$190.00
2nd Child \$180.00

Child's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact and Number _____

Grade & Teacher: _____ *TASK? yes or no

Parent Name: _____

If available, would you be interested in being a dance mom? YES _____

Price includes costume. Checks only. Payable to: Tuckahoe PTA .You may drop off at Cottle or TMS office. Classes run from October thru May. Recital date TBA. Interested in a shoe swap? Registration ends October 5th.

Danielle Gallousis 914-961-1873 Debbie Tommasino 914-395-1049

Please return this form with signed insurance waiver

Student Permission Slip

NEW YORK STATE PTA®
New York State Congress of Parents and Teachers, Inc.
One Wembley Court, Albany, New York 12205-3830
518-452-8808 • Toll Free 1-877-569-7782 • 518-452-8105 (Fax)

_____ has my (our) permission to participate in
Name of Minor

_____ on _____
Event or Activity Date

at William E. Cottle School from _____ to _____
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my _____
Son/Daughter

Myself, my heirs, executors and administrators, remise, release and forever discharge

18-227 _____ Tuckahoe
PTA UNIT PTA COUNCIL PTA REGION

and the New York State Congress of Parents and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify that the minor is my _____

Son/Daughter
and that his/her date of birth is _____ and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had all the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none".) _____

1. _____
Signature Print Name Address City Phone

2. _____
Signature Print Name Address City Phone

Alternate Adult:

Signature Print Name Address City Phone

Dance Program 2009-2010

Children are to be dropped off on time and picked up on time. If you become a dance mom, you must be there for your child's class from beginning to end and wait until each child gets picked up. You must keep a phone list in order to contact parents in case of early dismissal, cancellation of classes, or emergencies. Classes begin mid October and a tentative schedule is listed below. The dance teacher reserves the right to change class times before the start of the dance year. Classes are held in the Cottle School auditorium.

Monday - **Kindergarten** (3-4pm), **2nd** (4-5pm), **4th** (5-6pm), **6th** (6-7pm)

Tuesday - **8th** (5-6pm), **7th** (6-7pm)

Friday - **1st** (3-4pm), **3rd** (4-5pm), **5th** (5-6pm)