

NORWICH FREE
ACADEMY

DANCE PROGRAM



The NFA Dance Program is offering a Summer Dance Intensive for students to improve their dance technique and stay active over the summer.

AGE: 12 and up
FEE: Full week for NFA students - \$175
Full week for non-NFA students - \$200
1 day drop in - \$50
1 class drop in - \$10
Cash or check will be accepted (please make checks payable to NFA)
PLACE: Norwich Free Academy – Dance Studio (4220)
DATES: July 27-31, 2020
TIME: 9:00 am – 2:00 pm

NOTES TO PARENTS/GUARDIANS:

Advanced registration is strongly recommended to secure a spot in class. A registration will not be processed without payment. Registration will continue through the week of camp for drop-ins. Cancellations for class must be made prior to July 15th for a complete refund.

Please complete the photo release and medical forms. All students are required to have both forms on file.

If you have any questions, please contact:

Ashley Caldeira
Dance Instructor
Visual & Performing Arts
caldeiraa@nfaschool.org
860-425-5516

TENTATIVE SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00-9:45	Stretching & Conditioning				
9:45-11:00	Street Jazz	Ballet	Turns, Leaps, & Jumps	Tutting	Improv
11:00-12:15	TBD	Contemporary	Jazz Technique	Hip Hop	Composition
12:15-12:45	Lunch				
12:45-2:00	Tap	Jazz	Composition	Broadway Jazz	TBD

***Schedule with guest artist announcements will be finalized prior to the start of the intensive.**

****Schedule subject to change without notice**

Please return paperwork and payment to:

Norwich Free Academy Dance Program

Attn.: Ashley Caldeira
305 Broadway
Norwich, CT 06360

REGISTRATION FORM

I wish to enroll (myself/my child), _____, age _____, in the
Summer Dance Intensive at Norwich Free Academy.

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DATES: July 27-31, 2020
TIME: 9:00 am – 2:00 pm

Name of Parent/Guardian if under 18

Telephone Number of Parent/Guardian

Street Address

Town

Zip

Email Address of Parent/Guardian



NORWICH FREE ACADEMY

Summer Dance Intensive – MEDICAL INFORMATION

Student's Name: _____ Date of Birth: ___/___/___ Gender: _____

Student's Address:

Street _____ City _____ State _____ Zip _____

Parent/Guardian Name: _____
First Name _____ Last Name _____ Relationship _____

Parent/Guardian Phone Number: _____ Parent/Guardian Email: _____

Pertinent Medical History:

Please list any allergies your child may have:

Does your child require any emergency medication (circle): YES NO

Please list any medication(s) your child is currently taking and reason for medication:

Current health problems/concerns:

Special precautions you wish the school to know concerning your child:

***NORWICH FREE ACADEMY MAY CALL 911 FOR TRANSPORT TO NEAREST HOSPITAL IN THE EVENT OF AN EMERGENCY.**

My signature indicates that I have read and agree to NFA's terms and conditions about medical emergencies and that the medical information that I have provided is accurate and complete.

Parent/Guardian Signature

Date

PROVIDING OPPORTUNITIES... PREPARING LIVES



NORWICH FREE ACADEMY

Public Relations/Student Names and Images

We often use images, photos, and/or video of our students on our website and in our promotional materials, publications, advertisements, and social media. In some cases, we may use a student's name as well as a photo.

I, _____, **grant / do not grant** Norwich free Academy to use images, photos, and/or video of my child and his/her name on the Academy's website and in promotional materials, publications, advertisements, and social media.

CHILD'S FULL NAME

GRADE

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN (please print)

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