

Middle School 447 345 Dean Street, Brooklyn, NY 11217 Tel 718 330-9328 Fax 718 330-0944 ms447.org

December, 2019

Dear Parents/Guardians:

We are excited to provide your child an opportunity to join an after school dance performance ensemble with two outstanding teachers from Dancewave. No prior dance experience needed to sign up. The classes are FREE! Just sign up and bring you positive attitude.

Hip Hop w. Kameica Reid	Modern Dance Wednesdays w. Rebecca Oviatt
Tuesdays 2:35pm-4:05pm	Wednesdays 3:35-5:05 pm
Jan 7, 14, 21, 28	Jan 8, 15, 22, 29
Feb 4, 11, 25	Feb 5, 12, 26
March 3, 10, 17, 24, 31	March 11, 18, 25
April 7, 21, 28	April 1, 22, 29
May 5, 12, 19, 26	May 6, 13, 20, 27
June 2, 16, 23	June 10, 17, 24

All classes will be held in the dance studio, room 306. There will be a culminating performance in June to showcase their work!

Attendance:

In order to get the most benefit from this experience, students are being asked to attend every session of each class they decide to take. Regular attendance and participation are strongly encouraged so students get an in depth and comprehensive dance experience. In the event that your child will not be attending a class, they must notify Ms. Farrell via email or in person.

Clothing:

Contemporary Modern: loose fitting clothing, no jeans, no shoes or socks.

Hip Hop: loose fitting clothing, no jeans, sweatpants highly recommended, no dresses, no skirts.

We are looking forward to a great dance experience. Please fill out the information below permitting your child to participate in one or both of the classes for the year. Please email me with questions.

Sincerely,

Julia Farrell

jfarrell@ms447.org

I permit my child, ______, to participate in the Dancewave after school dance class(es). I understand that my child will be partaking in physical activity with risk of injury. In the event of an emergency I can be contacted at the number below. My child will participate in (check one or both)

Hip Hop on Tuesdays 2:35-4:05 AND/OR

_____ Contemporary Modern on Wednesdays 3:35-5:05.

Parent/Guardian Signature:_____

Parent/Guardian name and relationship:

Phone Number_____