

# Twinkle Twos

329 DIVISION STREET  
LA CROSSE, WI 54601  
608-785-7547

www.AmandasAcademy.com

AMANDA'S ACADEMY OF DANCE

CLASSES DESIGNED FOR THE YOUNG DANCER.

**Twinkle Twos** is an introductory dance class for 2-3 year olds specifically designed for self expression, creativity, gaining awareness of movement and increasing self esteem. We cover basic fundamentals of dance using ballet and a variety of simple movements.

**Attire:** Comfortable, movable clothing. Dancewear welcome.

**Shoes:** Ballet slippers or comfortable soft soled shoes.

**Observation:** When possible, dancers attend class on their own. We find that dancers learn more and focus much better with less distractions. The last class of each session includes a parent/family demonstration.

Note: Classes are non-progressive. It is not necessary to take Session 1 to take Session 3 etc.

## Twinkle Twos : REGISTRATION FROM

Parent Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Dancer's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? Radio FB/Insta Referral Internet Search Other: \_\_\_\_\_

Please Register us for:



**Twinkle Twos**

Thursday 4:15-4:45 pm

- SESSION 1: September 15, 22, 29, October 6
- SESSION 2: October 20, 27, November 3, 10
- SESSION 3: November 17, December 1, 8, 15
- SESSION 4: January 12, 19, 26, February 2
- SESSION 5: February 16, 23, March 2, 9
- SESSION 6: March 23, 30, April 13, 20



Total \$ \_\_\_\_\_ Tuition due upon Registration

I have read and understand the policies of Amanda's Academy of Dance (tuition, late fees, health & safety policies, auto payment terms, costumes, etc.) I understand that participation in a dance program involves risk and possible injury. I authorize Amanda's Academy of Dance to secure any emergency medical treatment that may be needed in case of an accident. I agree to indemnify Amanda's Academy of Dance and its staff from any and all claims to personal injury sustained while participating in this program or traveling to or from, inside or outside its facility and events. I also give permission for AAD to take photos of me or my child to use for purposes of promoting the academy. All imagery including, but not limited to, photographs and video recordings of a student is the sole property of AAD. AAD reserves the right to cancel classes if enrollment falls below expected number of enrollments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_