



Movement & Mobility Dance Program for 2019/20

Beaumont Society School of Dance is pleased to offer a dance program to children with development delays or concerns. The goals of the program are to:

- Provide children with a recreational community based program tailored to their needs
- Teach basic dance movements
- Provide a safe environment to learn something new and different

PROGRAM

DATE: Saturdays

TIME: 9:00 to 9:30 and 9:30 to 10:00 - Dancer will be assessed to which class is best suited to your dancers needs.

LOCATION: BSSD Studio, CCBCC, Beaumont, AB

SESSIONS: Regular Dance Season - September 2019 to May 2020 (See Calendar of Events for Start and Year End Performance Dates)

INSTRUCTOR: Pamela Grant

PROGRAM DESIGNERS: Megan Archibald, B.Sc., PT and Sandie Stillwell, Royal Academy Dance Instructor

ASSISTANTS: There will be 2 to 3 assistants assigned to each class for a 2:1 ratio so each student has individualized assistance where required. These assistants will be trained by Megan Archibald on what to expect, how and when to help, and understanding the various students needs in the classroom setting.

FEE: \$250.00/child/year

CLASS SIZE: Maximum of 8 students per class depending on number of assistants available and student conditions.

AGE: Between the ages of 3 and 9

QUALIFICATION CRITERIA

Students to be considered for the class must meet at least one of the following criteria:

1. Previously identified gross motor delay
2. Diagnosis of specific developmental concern (eg. Cerebral palsy, Developmental Coordination Disorder, Autism Spectrum Disorder, Down syndrome)
3. O.T./P.T. Recommendation for the program

Parents must sign a consent to share information with involved professionals (O.T., P.T., SLP) for the purpose of consulting for strategies to assist child in his/her participation.

APPLICATION PROCESS

Parents must submit the attached completed application form by Wednesday, June 19th to:

president@beaumontdance.ab.ca

OR

Mail to Beaumont Society School of Dance
4901-55 Avenue Box 3, Beaumont, AB T4X 1M9

The application will be reviewed by Megan Archibald and parents will be notified by email prior to September 2019 of their application status (i.e. accepted, or not accepted). Details will be provided to those who are accepted regarding how to register, consents and waivers for signature, and how to make fee payment arrangements.

QUESTIONS

Questions can be emailed to president@beaumontdance.ab.ca



Movement & Mobility Dance Program for 2019/20

APPLICATION FORM

Demographics (Those who participated in the program last year - please complete)

First Name:	Last Name:
Parent's Names:	
Address:	Contact Numbers:
Town/City:	Home:
Postal Code:	Cell:
	Parent's Work:
Email Address:	Date of Birth:
Conditions (i.e. cerebral palsy or developmental delays):	

Program Criteria - check the one(s) that apply: RETURNING MEMBERS CAN SKIP THIS SECTION

Age:	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> Previously identified gross motor delay
	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> Diagnosis of specific developmental concern (eg. Cerebral palsy, Developmental Coordination Disorder, Autism Spectrum Disorder, Down syndrome)
	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> O.T./ P.T. Recommendation for the program (Ensure therapist completes bottom part of form).
	<input type="checkbox"/> 6		



Movement & Mobility Dance Program for 2019/20

APPLICATION FORM page 2

How I believe this Program can help or benefit my child. (Please explain)
RETURNING MEMBERS DO NOT NEED TO COMPLETE THIS SECTION.

Parent Acknowledgment - All applicants must complete

- If accepted there is a registration process that must be completed; including registration forms, consent to participate, consent to share information and waivers.
- I accept that there will be a fee of \$250.00 payable at the time of registration

Parent Signature - All applicants must complete

Signatures:

Date:



Movement & Mobility Dance Program for 2019/20

APPLICATION FORM page 3

OT, PT, SLP Recommendation for the Program
Returning Members do not need to complete this section.

Therapists Name:

Date:

Recommendation and Why?