



Fall-Winter 2011 Class Schedule

**Ballet, Modern,
Creative & Athletic
Movement, and Adult
Stretch**

Good Moves Dance Space
1015 Edgewood NE
Atlanta, Georgia 30307
*located across from the Inman
Park Marta station*

P.O. Box 5496
Atlanta GA 31107
404-518-1646
www.goodmoves.org

August 15, 2011-December 16, 2011

MONDAYS

Open Modern Technique/Repertory		5:30-7:00 pm
Adult Stretch & Strengthening	18+ years old	7:15-8:15 pm

TUESDAYS

Open Ballet	Intermediate	5:00-6:30 pm
Ballet II & III	7+ years old	5:30-6:45 pm
Pointe, Pirouette		6:45-7:30 pm

WEDNESDAYS

Open Ballet	Intermediate	5:00-6:30 pm
Pointe		6:30-7:30 pm

THURSDAYS

Boys' Ballet/Modern	9+ years old	3:30-4:30 pm
Ballet I	6+ years old	4:30-5:30 pm
Adult Stretch & Strengthening	18+ years old	5:30-6:30 pm
Open Ballet	Intermediate	5:30-7:00 pm
Variations		7:00-7:45 pm

VISIT GOOD MOVES AT
www.goodmoves.org
for course descriptions and
additional information

FRIDAYS

Boys' Athletic Movement	9+ years old	3:30-4:30 pm
Open Modern Technique/Composition		4:45-6:45 pm
Beginning Modern Technique	7+ years old	5:00-6:00 p.m.

SATURDAYS

Creative Movement	3-5 years old	9:00-9:45 am
Ballet I	5-7 years old	10:00-11:00 am
Ballet II	6-8 years old	10:00-11:00 am
Ballet II & III	7+ years old	11:00 am-12:15 pm
Open Modern/Repertory		11:15 am-1:00 pm

REGISTRATION & INFORMATION

Classes: Schedule subject to change. Classes will not meet November 21-26

Class Tuition: \$12 per hour

Registration and Tuition payment: Complete registration form and mail with *deposit or full payment* to: Good Moves, PO Box 5496, Atlanta, GA 31107. **Balance of tuition is due 1st day of class.**

Questions: Call Stephanie Johnson at 404-518-1646 or e-mail at **goodmovesatlanta@gmail.com**



FALL 2011 Registration Form
(Complete a separate form for each student)

Student Name: _____ Birthday _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

Previous Dance/Movement Experience or Returning Good Moves Student?

Medications? _____

Allergies or Medical Conditions? _____

Any additional information we need to know about your child?

Emergency Contact—Name & Phone: _____

Course Registration and Tuition

Course name: _____ Day & Time _____

Tuition: Class duration (in hours—see below) _____ x \$12/hour x 17 weeks = Fee \$ _____

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45 minutes=.75 hours 1 hour =1 hour 1 hour 15 minutes=1.25 hours
1 hour 30 minutes=1.5 hours 1 hour 45 minutes=1.75 hours 2 hours=2 hours

Total Tuition: \$ _____

My full payment is enclosed.

A \$50 deposit is enclosed. Balance is due the first day of class.

Liability and Photo Release

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the child participant named above. By signing below, I assume any risk of harm or injury which might occur to the participant due to their participation in the event or activity. I release the organization and teachers from all liability, costs and damages which might arise from participation in the above named event or activity. If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization and teachers to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment. I agree to allow photographs of my child taken by and for Good Moves to be published for any purpose and in any format.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____

Mail this completed form with your full payment or deposit to:

Good Moves, PO Box 5496, Atlanta, GA 31107

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