

Dancer's Name: _____ Date of Birth: _____

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
9:00-10:00				
Room 1				Barre
Room 2				PreK Combo
Room 3				
10:00-11:00				
Room 1				
Room 2				
Room 3				
11:00- 12:00				
Room 1				
Room 2				
Room 3				
4:30-5:30				
Room 1	Ballet I	Ballet IV	Ballet II	Hip Hop II
Room 2	Ballet II	Tap I	Ballet I	Kinder Combo
Room 3	PreK Combo	Kinder Combo	Kinder Combo	
5:30-6:30				
Room 1	Stetch, Leaps & Turns IV-V	Hip Hop K-I	Hip Hop I	Modern II-III
Room 2	Jazz II	Tap IV-V	Stretch, Leaps & Turns II-III	Kinder Combo
Room 3	Jazz I	PreK Combo		
6:30-7:30				
Room 1	Barre	Modern V	Cardio Pop	Hip Hop III-IV
Room 2	Ballet V	Jazz IV	Ballet III	Barre
Room 3				Tap II-III
7:30-8:30				
Room 1	Hip Hop V	Jazz V	Jazz III	
Room 2		Modern IV		

Please circle or highlight the classes your child will be taking.

