

# 2017 Spring Be-Bop for Tots

(in conjunction with TTP Academy – formerly To The Pointe)

**Program:** Children will learn first learn to count to 5 in French, learn first and second position and all the arms (port des bras), gross motor skills including skipping, hopping, jumping and leaping. Music, games, and dance all combine to help your little one grow and learn. *This class is for participants that have participated in the Fall and Winter session ONLY.*

**Ages:** Boys & Girls who are age 3 (by September 1, 2016).

**Dates:** Mondays, February 27-May 15, 2017  
(Omit March 27)

**Times:** 4:00 – 4:30 pm

**Location:** Watertown Senior & Community Center (514 S. First Street) – Fitness Center – Lower Level

**Deadline:** Friday, February 24, 2017

**Fees:** \$80.00

**Recital:** Students are **REQUIRED** to participate in all 3 sessions (fall, winter, spring) to be able to participate in the spring recital on **May 20, 2017.**

**Special Needs:** The department will make every effort to comply with the regulations associated with the American's with Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation. **Parent should communicate any special needs with their instructor.**



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Watertown Parks & Recreation Department

## 2017 Spring Be-Bop for Tots

Name \_\_\_\_\_ Age: \_\_\_\_\_ M or F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**New Student:**  No  Yes (*not eligible*)

List any special needs or medical conditions this participant has \_\_\_\_\_

I understand the inherent risk of injury in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid: \$80.00

Ballet