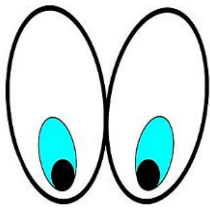


Above The Clouds
2432 N. Teutonia Ave.
Condo #2
Milwaukee, WI 53206



Winter/Spring Class information and Registration Form





2023 FREE Winter/Spring Classes

Classes run from January 23rd – May 19th, 2023
There are no classes the week of April 3rd!

Greater Life Community Center (2432 N. Teutonia Ave Condo #2)

Ballet Level 1	Mondays	4:30-5:30pm	
Ballet Level 3/4	Mondays	5:40-6:40pm	
Piano A	Tuesdays	4:15-5:00pm.	Ages 5-8
Piano B	Tuesdays	5:15-6:00pm.	Ages 9-17
Pointe	Tuesdays	5:45-6:15pm.	
Ballet Level 5/6	Tuesdays	4:45-5:45pm	
Ballet Level 7/8	Tuesdays	6:15-7:30pm	
Ballet Level 5-8	Thursdays	4:30-6:00pm.	
Beginner Ballet	Wednesdays	4:30-5:15pm	Ages 5-8
Martial Arts	Wednesdays	4:30-5:30pm	Ages 9-13
*Drama-Acting It Out	Wednesdays	4:30-5:30 p.m.	Ages 9-13
	Wednesdays	5:45-6:45 p.m.	Ages 14-17

* Ballet Level 3-8 students at this site will have a \$15 leotard rental fee!

Eastbrook Academy (5375 N. Green Bay Rd.)

Beginner Ballet	Tuesdays	4:00-4:45pm	Ages 5-8
Ballet Level 2	Tuesdays	5:00-6:00pm	

Mount Calvary (2862 N 53rd St.)

Martial Arts	Thursdays	5:30-6:30pm	Ages 9-12
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Hope Street (2510 W Capitol Dr.)

Hip Hop	Mondays	5:15-6:15pm	Ages 10-15
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Class Descriptions

Beginning Ballet: Learn fundamental skills of ballet which provide the foundation for learning any style of dance. **(For new students or no experience. MUST be 5 BEFORE January 23rd!)** For New Students who are 9+ years of age please **contact the office for placement.**

Ballet Levels 1-8: For students with previous training in ballet at Above The Clouds or other dance studios. Students are placed according to skill level and ability. Ballet Level 7+ will train en pointe.

Pointe: For ballet students who have been pre-approved by Above the Clouds Instructors.

Hip-Hop: Hip hop is much more than a way of moving to hip-hop...it is a way of life. Students will learn that Hip hop is a lifestyle that includes its own language, music, and style of dance.

Martial Arts: This is a continuing program in Tae kwon do where students learn respect, discipline, safety, integrity, and self-confidence with Christ at the center. There are opportunities for promotion to different levels.

Piano A: For students ages 5-8. Making music fun and easy to learn. This class is for students that have no or little piano experience. **MUST be 5 BEFORE January 23rd!)**

Piano B: For Students ages 9-17. Making music fun and easy to learn. This class is for students that have no or little piano experience.

Acting It Out: A Theater class for children dealing with Depression and Anxiety. This class focuses on healthy expression. Through breathing and character work we will explore difference experiences and emotions in a safe and accepting environment. This is a special in-dept acting class taught by instructors trained in drama and mental health. **Pre-registration is required.**

❖ **Our Mission:** To provide free, faith-based, arts education and training to young people, ages 5-17, who lack fine arts exposure and access.



2023 Winter/Spring REGISTRATION FORM

SECTION I ~ REGISTRANT INFORMATION

Child's First Name: _____

Child's Last Name: _____

Address: _____

City: _____ Zip: _____

Date of Birth _____ Age _____

Gender: ☐ Male ☐ Female

Grade in School: _____

Name of School: _____

City Where School is Located: _____

Ethnicity: ☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Hmong ☐ Other (please list): _____

Any health conditions or medications that may limit activities?

☐ Yes ☐ No If "Yes" please list below:

SECTION II ~ PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian First & Last Name:

Home Phone (____) _____ Cell Phone (____) _____

List Cell Phone Carrier (If you would like text alerts in addition to emails):

Email Address: _____

Secondary Parent/Guardian First & Last Name:

Home Phone (____) _____ Cell Phone (____) _____

List Cell Phone Carrier (If you would like text alerts in addition to email):

Email Address: _____

Emergency Contact (if Primary or Secondary listed above are not reachable) First & Last Name:

Relationship to child: _____

Phone Number (____) _____

PLEASE FLIP OVER TO THE OTHER SIDE ----->

SECTION III ~ CLASS INFORMATION

1st time taking Above The Clouds Classes? ☐ Yes ☐ No

If yes, how (internet, friend??)_____

List Name, Day, and Location of Each Class of Interest Below:

Class:_____Day_____Location_____

Class:_____Day_____Location_____

Class:_____Day_____Location_____

SECTION IV ~ VOLUNTEERING

Above The Clouds thrives on parents volunteering throughout each semester. There are many ways to help and those that do will be given first opportunity for special events as they arise. If you choose not to volunteer it does not mean that you will never be able to participate in any of the special events, however, it will be offered only if there is still availability after volunteers have been given the opportunity. We are also looking to organize a volunteer committee. Please let us know if you are interested or not by checking the appropriate boxes below:

- ☐ I wish to volunteer this semester
- ☐ I DO NOT wish to volunteer this semester

- ☐ I wish to be a part of the volunteer committee
- ☐ I DO NOT wish to be a part of the volunteer committee



Mail completed form to:
Above The Clouds
2432 N. Teutonia Ave, Condo #2
Milwaukee, WI 53206

You can also email completed form to:
ATCMilwaukeeInfo@gmail.com

SECTION V ~ CONSENT

During the course of the program of Above The Clouds (ATC), we from time to time will take video and still photos to be used for promotional, instructional, public relation materials, social media, or any other purposed allowed by the law. Participants will not be notified a head of time if footage will be used. Also, there is no compensation to be paid for any of the photos or videos used by ATC.

- ☐ I consent to the use of video and still photography.
- ☐ I DO NOT consent to the use of video and still photography.

I hereby RELEASE and DISCHARGE: Above The Clouds, Eastbrook Academy, Greater Life Community Center, Riley Montessori School, Mount Calvary, and Hope Street from any and all liability, claims, demands or causes of action that registrant/you/family members may have for injuries and damages arising out of the activities, or information herein arising out of the above class(es). There are no medical or physical conditions that might prohibit my child from participating in any ATC classes or would be against doctor's recommendation and any limitations have been listed in Section I of this form. I also understand that my child or myself may be taken out of any class(es) without prior notice if found to be endangering, threatening, or indicating acts of violence to other participants, instructors, or to any site listed above. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending classes and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the classes may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ATC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the classes. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Above The Clouds, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Above The Clouds, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in the classes.

By signing below I am agreeing to the above consent and that all the information on this sheet is accurate to the best of my knowledge.

_____/_____
Signature (Parent/Guardian if under 18) Date