

Above The Clouds  
2432 N. Teutonia Ave.  
Condo #2, Suite #100  
Milwaukee, WI 53206



*"For as the heavens are higher than the earth so are my ways higher than your ways..."* Isaiah 55:9

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

**2020 FALL Classes**

Modern Dance I	Tuesdays	6:16-7:15p.m.	
Martial Arts	Wednesdays	5:30-6:30p.m.	Ages 9-12
Beginner Hip Hop	Thursdays	6:30-7:30p.m.	Ages 9 -12
Beginner Ballet	Tuesdays	4:15-5:00p.m.	Ages 5-8
	<b>OR</b> Tuesdays	5:15-6:00p.m.	Ages 5-8
Ballet Level 1	Mondays	4:30-5:30p.m.	
	<b>OR</b> Mondays	5:45-6:45p.m.	
Ballet Level 2	Wednesdays	5:45-6:45p.m.	
Ballet Level 3 *	Mondays	4:45-5:45p.m.	
Ballet Level 4 *	Mondays	5:45-7:00p.m.	
	<b>OR</b> Thursdays	5:45-7:00p.m.	
Ballet Level 5/6 *	Tuesdays	4:30-5:45 p.m.	
	Thursdays	4:30-5:45 p.m.	
Ballet Level 7/8 *	Tuesdays	6:00-7:30 p.m.	
	Thursdays	4:30-7:30 p.m.	

\* Ballet Level 3-8 will have a \$10 leotard rental fee!

**Online Classes**

Drama	Wednesdays	5:30-6:15pm	Ages 10-14
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Classes run from October 5 – December 11, 2020  
There are no classes the week of November 23<sup>rd</sup>!

**Beginning Ballet:** Learn basic modern ballet technique, which will give you the fundamental skills that will help you learn any type of dance. **(For new students or no experience. MUST be 5 BEFORE September 1<sup>st</sup>!) For New Students who are 9+ years of age please contact office for placement.**

**Ballet Levels 1-8:** Students will have taken ballet with Above The Clouds before and have been placed in a class per the teacher.

**Beginner Hip Hop:** Hip hop is much more than a way of moving to hip hop music...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.

**Drama:** Students will learn voice projection, use of body as well as develop and build confidence in their presentational skills.

**Martial Arts:** This is a 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.

**Modern Dance I:** In this class you will use your classical ballet technique, strength, and discipline to perform modern styled interpretive choreography. **This is a class for students who are currently in Ballet Levels 4-6. If you have had advanced training at another school please contact our office.**

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

# 2020 FALL 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

1<sup>st</sup> time taking Above The Clouds Classes?  Yes  No

If Yes, how did you hear about Above The Clouds?

\_\_\_\_\_

List Name and Location of Each Class of Interest Below:

Class Name: \_\_\_\_\_ Date of Class \_\_\_\_\_

### SECTION IV ~ VOLUNTEERING

Above The Clouds thrives on parents volunteering throughout each session. 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](mailto: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, Greater Galilee Baptist Church, and Greater Life Community Center 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. As of July 16, 2020, the City of Milwaukee placed a mandatory facemask policy into place. I agree to send my child with a mask on, that they MUST wear the entire time they are inside and/or around the outside of the facility of Above The Clouds. I acknowledge that it is my responsibility to provide a mask and not Above The Clouds. If my child shows up without a mask, they will not be allowed in the building.

**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