

Winter/Spring '20 Class Schedule

Classes ultimately cluster around a certain age group. Choose the class that is best for your child(ren). You will be notified if it is not a good fit.

PELHAM - Jump Dance Center

139 Wolfs Lane

Sundays 9:15, 10:10, 11:05

Mondays 9:30, 10:25, 11:20, 12:30, 1:25

Wednesdays 1:15, 2:10

Fridays 12:30

LARCHMONT – BizG87

1987 Palmer Ave.

Mondays 3:40, 4:35

Fridays 9:30, 10:25, 11:20, 12:30, 1:25

NEW ROCHELLE - Beth El Synagogue

1324 North Ave. (entrance on Northfield Rd.)

Tuesdays 9:15, 10:10, 1:15

BRONXVILLE - Bronxville Women's Club

135 Midland Ave.

Tuesdays 3:40, 4:35

Wednesdays 9:15, 10:10, 11:30, 12:45

Thursdays 9:15, 10:10, 11:30

Tuition and Important Information

Tuition includes a music download and songbook. \$440 for 14 weekly, 45-min. classes. First sibling in same class is \$250. Second sibling in same class is \$120.

Infants under 6 mos. are free with registered older sibling in the same class. They must be listed on form.

You can pay by credit card at

shakerattleandrollmusic.com or use attached form and pay by check.

Class Dates

Sundays: February 9, 23

March 1, 8, 15, 22, 29

April 5, 19, 26

May 3, 10, 17, 31

Mondays: February 3, 10, 24

March 2, 9, 16, 23, 30

April 13, 20, 27

May 4, 11, 18

Tuesdays: February 4, 11, 25

March 3, 10, 17, 24, 31

April 14, 21, 28

May 5, 12, 19

Wednesdays: February 5, 12, 26

March 4, 11, 18, 25

April 1, 15, 22, 29

May 6, 13, 20

Thursdays: February 6, 13, 27

March 5, 12, 19, 26

April 2, 16, 23, 30

May 7, 14, 21

Fridays: February 7, 14, 28

March 6, 13, 20, 27

April 3, 17, 24

May 1, 8, 15, 22

Director – Susan V. Davis

susan@shakerattleandrollmusic.com

(914) 813-0743

Winter/Spring '20 Registration Form

Parent's Name

Address

Home Phone

Cell Phone

E-mail

Child's Name

Date of Birth M/D/Y

Sibling(s) Attending

DOB M/D/Y

Caregiver (if bringing child to class)

Location/Day/Time

2nd Choice Location/Day/Time

Winter/Spring Semester (14 Classes)

\$440 1st child, \$250/1st sibling in same

class, \$120/2nd sibling in same class

Name of friend

Total Enclosed:

Make check payable to *Shake, Rattle & Roll* and mail, along with completed registration form, to *Shake, Rattle & Roll, 703 Webster Ave., New Rochelle, NY 10801*. Registration will be confirmed by e-mail.

Photos and video taken of my child, caregiver and/or me at Shake, Rattle & Roll may be used for promotional purposes. No names will appear.

Parent's Signature

Date