



DANCE

WHO: Students with special needs, ages 11 & up (Depending on student’s ability, caregiver may be required to assist student during class. Parents or caregivers must accompany student if needed)

WHAT: Classes include tap, hip-hop, jazz, techniques of controlling parts of the body through isolation and movement, learning combinations and history of dance. Great for physical health. Helps increase motor skills, helps with balance and eye contact, and improves social skills. Students will learn music theory, rhythms, and to express themselves through movement.

INSTRUCTORS: Raynor Rubel and Nicolette Rubel

WHERE: Roseland United Methodist Church 144 Eagle Rock Ave Roseland, NJ

WHEN: Saturdays: February 23, March 2 and 9
From 9:00am to 10:00am

FEE: \$60 for 3 classes by February 23.. Late payment charge \$10 (more than 5 days)

Performance: March 9th @ 5pm at Roseland United Methodist Church 144 Eagle Rock Ave Roseland, NJ

Registration Procedure:

Flyer registrations: Checks payable to Carousel of Progress Academy mailed to Carousel of Progress Academy, Raynor Rubel, 119 Konner Ave. Pine Brook, NJ 07058

Further information: copaprogams@gmail.com or 973-641-6848

NAME: _____ **AGE:** _____ **D.OB** _____

ADDRESS: _____

E-MAIL _____ **PHONE:** _____

CELL PHONE: _____ **GRADE:** _____

Please indicate any special needs your child may have that will assist us in teaching him/her.

My child has my permission to participate in the Dance Program (2/23-3/9/19). I understand that the Roseland United Methodist Church and Carousel of Progress Academy LLC DO NOT provide accident insurance. I hereby give Carousel of Progress Academy the right to use and publish photographic pictures/video of my child taken during the course of study or performance. On behalf of my child and myself, I assume the risk and agree that Carousel of Progress Academy, its’ staff and Roseland United Methodist Church shall not be liable in any way for injuries sustained during attendance of this class or any of its related functions.

Parent/Guardian Signature: _____ **Date:** _____



DRAMA

WHO: Students with special needs, ages 11 & up (Depending on student's ability, caregiver may be required to assist student during class. Parents or caregivers must accompany student if needed)

WHAT: Students will go through show scripts and learn to interpret them and embody roles. Students will perform musical theatre pieces with singing and acting, learn the history of drama, learn the integrity and truth of theatre and film acting, stage direction, improv games, and social skills using creativity to speak on their own, to the public, and most of all, to express themselves.

INSTRUCTORS: Raynor Rubel and Nicolette Rubel

WHERE: Roseland United Methodist Church 144 Eagle Rock Ave, Roseland, NJ

WHEN: Saturdays: February 23, March 2 and 9
From 10:00am to 11:00am.

FEE: : \$60 for 3 classes by February 23.. Late payment charge \$10 (more than 5 days)

Performance: March 9th @ 5pm at Roseland United Methodist Church 144 Eagle Rock Ave Roseland, NJ

Registration Procedure:

Flyer registrations: Checks payable to Carousel of Progress Academy mailed to Carousel of Progress Academy, Raynor Rubel, 119 Konner Ave. Pine Brook, NJ 07058

Further information: copaprogams@gmail.com or 973-641-6848

NAME: _____ **AGE:** _____ **D.OB** _____

ADDRESS: _____

E-MAIL _____ **PHONE:** _____

CELL PHONE: _____ **GRADE:** _____

Please indicate any special needs your child may have that will assist us in teaching him/her.

My child has my permission to participate in the Drama Program (2/23-3/9/19). I understand that the Roseland United Methodist Church and Carousel of Progress Academy LLC DO NOT provide accident insurance. I hereby give Carousel of Progress Academy the right to use and publish photographic pictures/video of my child taken during the course of study or performance. On behalf of my child and myself, I assume the risk and agree that Carousel of Progress Academy, its' staff and Roseland United Methodist Church shall not be liable in any way for injuries sustained during attendance of this class or any of its related functions.

Parent/Guardian Signature: _____ **Date:** _____



MARTIAL ARTS

WHO: Students with special needs, ages 11 & up (Depending on student's ability, caregiver may be required to assist student during class. Parents or caregivers must accompany student if needed)

WHAT: Learn forms, eastern philosophies, develop balance, coordination, improve health, develop confidence and self-esteem, improve social skills, learn methods of mental discipline and exercise, develop and improve qi energy.

INSTRUCTORS: Raynor Rubel and Nicolette Rubel

WHERE: Roseland United Methodist Church 144 Eagle Rock Ave, Roseland, NJ

WHEN: Saturdays: February 23, March 2 and 9
From 11:00am to 12:00am

FEE: : \$60 for 3 classes by February 23.. Late payment charge \$10 (more than 5 days)

Performance: March 9th @ 5pm at Roseland United Methodist Church 144 Eagle Rock Ave Roseland, NJ

Registration Procedure:

Flyer registrations: Checks payable to Carousel of Progress Academy mailed to Carousel of Progress Academy, Raynor Rubel, 119 Konner Ave. Pine Brook, NJ 07058

Further information: copaprogams@gmail.com or 973-641-6848

NAME: _____ **AGE:** _____ **D.OB** _____

ADDRESS: _____

E-MAIL _____ **PHONE:** _____

CELL PHONE: _____ **GRADE:** _____

Please indicate any special needs your child may have that will assist us in teaching him/her.

My child has my permission to participate in the Martial Arts Program (2/23-3/9/19). I understand that the Roseland United Methodist Church and Carousel of Progress Academy LLC DO NOT provide accident insurance. I hereby give Carousel of Progress Academy the right to use and publish photographic pictures/video of my child taken during the course of study or performance. On behalf of my child and myself, I assume the risk and agree that Carousel of Progress Academy, its' staff and Roseland United Methodist Church shall not be liable in any way for injuries sustained during attendance of this class or any of its related functions.

Parent/Guardian Signature: _____ **Date:** _____