Kids with Moves Dance Class Application

Thank you for your interest in our Kids with Moves dance classes! Please list all children and attending adults (include email and phone number for each adult). Children attending classes must be accompanied by at least one adult and while adults will not be allowed in the gym with their children, a live video feed will be available in the lobby for parents to watch.

Providing details on dance class concerns and expectations will help TOPS and the dance class instructors to provide better support to each child. Please complete this application and send back to info@therapyops.com. TOPS will provide updates on accepted/denied applications.

Dancer #1 First Name:	
Dancer #1 Last Name:	
Dancer #1 Gender (M or F):	
Dancer #1 Date of Birth:	
Dancer #1 Primary Diagnosis:	
Dancer #1 Secondary Diagnosis, if any:	
Dancer #2 First Name:	
Dancer #2 Last Name:	
Dancer #2 Gender (M or F):	
Dancer #2 Date of Birth:	
Dancer #2 Primary Diagnosis:	
Dancer #2 Secondary Diagnosis, if any:	
Parent/Guardian First Name:	
Parent/Guardian Last Name:	
Parent/Guardian E-Mail:	
Parent/Guardian Phone:	

All dancers - Please provide detailed information regarding the above diagnoses that will help us work with the dancer(s) most effectively (box will expand if more room is needed):

1. Have your child(ren) participated in dance classes prior to this class? YES ☐ NO ☐

If yes, please provide a brief history.

2. Does the child use an assistive mobility device (wheelchair, walker, crutches, etc.): YES ☐ NO ☐

3. If using a wheelchair or other mobility device, is she/he able and/or willing to move out of the chair/mobility device?

4. Can he/she move across a room independently? If not, what type of assistance is needed?

5. Can the child follow multiple step directions? If not, what approach do you recommend?

6. What is the child's communication ability/style? (i.e. quiet, talkative, nonverbal, impaired speech or hearing, communication device, etc).

7. Are there any movements or positions that would cause the child pain or harm?

8. Are there any special personal care needs that the dance staff should know about (i.e. bathroom use assistance, etc.). Please describe:

9. Through participating in these Kids with Moves Dance Classes, what are your expectations for your child(ren)?