



# **The Cambodian Family**

*A Multi-Ethnic Human Services Agency*

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1626 E. Fourth St., Santa Ana, CA 92701 (714)571-1966 fax (714)571-1974

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# **Cambodian Dance Class Information Packet**



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## Cambodian Dance Class

### When:

Saturday 11:00am – 1:00pm (hours subject to change)

### Dance Instructors

- Phalen Lim– [phalenlim@gmail.com](mailto:phalenlim@gmail.com), 714-571-1966 ext. 108
- Linda Sok– [lindas@cambodianfamily.org](mailto:lindas@cambodianfamily.org), 714-800-9301
- Thavery Lay- [tlay@csupomona.edu](mailto:tlay@csupomona.edu), 909-456-9933

### Dance Class Structure

Students come to class dressed in their costume (kben and fitting blouse)

Students begin class with a Cambodian greeting (som-peah)

Students stretch

Students learn basic dance movements

Students learn dance steps

Students take a break

Students learn dance steps

Students end class with a Cambodian farewell (som-peah)

\*Students learn Cambodian history and the meaning of dance movements, infused throughout lesson



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## Dance Class Registration

### STUDENT INFORMATION

NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_ GENDER: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### MEDICAL HISTORY

Does your child have any health problems or disabilities that we should know about? If yes, what are they?

Does your child take any prescription medication currently? If yes, list the medications.

Does your child have health care? If yes, what is it?

### EMERGENCY

In case you are unavailable, we may contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

In case of emergency, you give permission to have your child, \_\_\_\_\_ taken to the hospital emergency room for medical treatment by a licensed medical profession.

### SURVEY

How did you hear about our Cambodian Dance Class?

Why do you want your child to learn Cambodian dance?

In what way would you like to be involved in our Cambodian Dance Class?

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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## Dance Class Responsibilities

### OBJECTIVE:

The objective of the Cambodian Dance Class is to instill pride and appreciation of Cambodian heritage and to engage youth in activities that promote healthy living through Cambodian dancing.

### **Student Classroom Rules**

1. Listen carefully and follow directions
2. Use kind words and actions
3. Take care of yourself, others, and this place
4. Maintain a positive attitude
5. Always do your best

### **Parents and Students' Responsibilities**

1. Make sure that your child comes to Dance Class on time.
2. Make sure that your child comes to class dressed and ready in their costume (kben, blouse, and belt).
3. Pay attention to classroom rules.
4. Bring snacks for your child (optional).

### **Instructors' Responsibilities**

1. Provide a nurturing learning environment
2. Teach and provide constructive feedback
3. Be patient



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## **Dance Class Transportation Permission Form**

My child \_\_\_\_\_ has permission to be driven to dance functions, to and from The Cambodian Family, and in any other occasion where transportation is necessary. I agree to relieve The Cambodian Family, the sponsoring organization, and all participating adults from any liability in connection to transportation. In case of sickness or accident, I authorize treatment by a doctor and or provision of other necessary medical services to my child at my expense or by Health Insurance. The Cambodian Family reserves the right to amend and add additional clauses that may not be currently relevant.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date



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## **Dance Class Photographic/Video/Media Release Consent Form**

I hereby give The Cambodian Family, its successors and assigns, the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures, and/or sound recordings being taken of my child, \_\_\_\_\_: (a) to use, reuse, publish, and republish in the same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and (b) to use my child's name therewith.

I hereby release and discharge The Cambodian Family from any claims and demands arising out of or in conjunction with the use of such photographs, videos, motion pictures, and/or recordings.

I also agree that the photographs, video, and motion pictures and negatives thereof, and recordings, shall constitute your sole property, with full right of disposition whatsoever.

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Signature of parent or guardian

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Date



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## Dance Class Program Receipt

The monthly program fee per person is \$75.  
One Year Payment Plan: \$637.50 (15% off)

Received from \_\_\_\_\_ \$ \_\_\_\_\_

For \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of dance instructor

\_\_\_\_\_  
Date