

# JCPA Summer Workshops: **GREENFIELD EDITION**

SUMMER 2025

# JCPA

JADUKE CENTER FOR THE  
PERFORMING ARTS

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# ***WHAT TO BRING TO WORKSHOPS!***

- **Lunch**
- **Snacks (2 of them)**
- **Water bottle!**
- **Sneakers**
- **A backpack to hold it all**





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# DROP-OFF AND PICK-UP

Students will arrive at the JaDuke on Main between 8:15-8:30.

- Enter through the rear entrance by typing in the JCPA pin: 9400.
- Once inside, enter the stairway or use to elevator to get to the third floor.
- To enter the JCPA hallway, enter the JCPA pin on the pin pad: 9400
- To make the drop off process easie, parents do not enter the studio rooms but will drop off at the door.

Pick Up will occur right at 3:30pm in the Parent waiting room. You must sign out your child with the instructor.





Pin Pad ↑



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# IT'S SHOWTIME!

The end of the week performance will be on Fridays at 3 pm in Turners Falls.

Students will spend all of Friday's workshop day at JaDukeTheater 110 Industrial Blvd, Turners Falls, MA.

**Where:**

**JaDuke Theater.**

**If you can't make it, we will send a link of the performance after the show.**

**Costumes:**

**The day before the performance (Thursday), students will receive a JCPA Summer Workshop T-Shirt.\***

**They will come to JaDuke on Friday with this shirt and appropriate bottoms that fit our dress code.**

**Hair & Make-Up:**

**Hair should be put up and out of students' faces.**

**If students choose to wear make-up for the performance, it should be applied before arriving at the workshop.**

**\*If they are registered for multiple workshops, students will wear the same shirt they received from their first workshop.**



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# TUITION FOR WORKSHOPS

**Tuition has been charged to the parent portal and must be paid fully before the start of each workshop week.**

**This can be paid on the parent portal or in person on the arrival of the first day or the workshop.**

**We DO NOT run auto-pay during the Summer Workshops.**

**If you want to pay for one workshop at a time but are charged for many:**

- 1. Go to Dance Studio Pro Portal.**
- 2. Click Make Payment.**
- 3. Hit “Other” option.**
- 4. Insert amount you would like to pay.**



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# STUDIO RULES

- **Students should not bring any electronics to the workshop. Phones will be asked to be put in bags and not used including during lunch.**
- **Students should be respectful to peers, teachers, and others. We will communicate with the appropriate parties through email or phone if this becomes an issue.**
- **Parents and guardians are not allowed into the theater and should wait in the Cafe as this is the designated waiting area while students attend the workshop.**
- **JaDuke is a non-smoking educational property. Therefore, please do not smoke on the property.**

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# DRESS CODE

**For JaDuke classes, students should wear form-fitting clothing that is comfortable to move and sweat in. Whatever our students wear, we want them to feel confident and ready to dance.**

## **Attire For Class:**

- Leggings
- T-Shirts
- Tank Tops
- Shorts and Tights
- Leotard
- Sweatpants
- Form Fitting Joggers

## **Attire That's NOT Appropriate:**

- Sports bras as a shirt
- Crop tops
- Shirts that show their belly when arms are lifted
- Super baggy sweatshirts
- Pants that cover your feet
- Short shorts



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# MEDICAL FORM

**If your student requires medicine to be taken at the workshop, please fill out this medical form and either email it to [JaDukeCenterPerformingArts@gmail.com](mailto:JaDukeCenterPerformingArts@gmail.com) or bring it in with the medication on the first day of the workshop.**

Commonwealth of Massachusetts  
Department of Early Education and Care  
**MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)**

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please ☒ one of the following: Prescription: \_\_\_\_\_ Oral/Non-Prescription: \_\_\_\_\_

Unanticipated Non-Prescription for mild symptoms \_\_\_\_\_

Topical Non-Prescription (**applied to open wound/ broken skin**) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:

\_\_\_\_\_  
**Child's Health Care Practitioner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission  
(print name)

**to authorize educator(s) to administer medication to my child as indicated above.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)