

STEFFI NOSSEN SCHOOL OF DANCE

REGISTRATION FORM 2018-2019

Please check: Current Student _____ New Student _____ **IF NEW, HOW DID YOU HEAR ABOUT US?** Website? _____ Other? _____

Are you currently, or have you previously been a student of the Music Conservatory of Westchester? Yes _____ No _____

Student Name _____ Male/Female (circle one)

Birth Date ____/____/____ Age ____ Grade as of 9/2018 ____ School _____

Student Address _____ City _____ State _____ Zip _____

Parent 1 Name _____ Relationship to Child _____

Work Phone # _____ Cell Phone # _____ Home Phone # _____

Parent 2 Name _____ Relationship to Child _____

Work Phone # _____ Cell Phone # _____ Home Phone # _____

Parent's Email Address _____

PLEASE PRINT CLEARLY. We use email to communicate weather closures and important information. We recommend you open all emails we send you as they are targeted to you. If you do not receive a confirmation email from us within two weeks of registering, please email the office to ensure that we have your correct information. Please add Steffi Nossen School of Dance to your contacts.

I WISH TO REGISTER FOR THE FOLOWING CLASS(ES):

Class	Location	Day	Time	Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Class Discounts** do not apply to Steffi Nossen Dance Company, Dance Theater Group, Jazz Ensemble, Boot Camp, Parents & Toddlers or Boys Movement classes.

****Early Payment** applies to full payment by **Cash or Check ONLY** through August 15, 2018.

******* For yearly class payment plans, final payment due by January 15, 2019. For semester class plans see payment plan agreement for terms.

Subtotal: _____

5% discount* for 3rd and additional eligible classes: _____

Discount will be applied to the lowest tuition rate(s)

New total: _____

3% Early Payment Discount** : _____

Revised Subtotal: _____

Performance Fee(s): _____

Registration Fee: \$45.00

Charitable Contribution: _____

Total Due: _____

Paid at Registration (at least 30%): _____

Balance Due***: _____

We accept cash, check or credit card (no AMEX). Please make checks payable to: STEFFI NOSSEN DANCE.

The Steffi Nossen Dance Foundation provides valuable outreach programs and financial assistance to a wide and varied community. Please help us by including a tax deductible contribution. Thank you for your support.

PLEASE SELECT ONE OF THE PAYMENT AGREEMENTS BELOW:

- I will pay the Total Due now **OR**
- I am requesting a payment plan. Call office for payment plan contract. (See "registration information")

Payment by (check one): _____ cash / check or _____ **charge my credit card as directed above**

Type: MC VISA

_____ 3-digit CVC _____ expiration date

_____ signature

Please share some additional information so that we may provide your child with the best possible dance experience.

Please let us know if your dancer has any medical conditions (e.g. allergies, medications, physical issues)?

Does your dancer have any particular emotional/behavioral issues and/or special learning needs? (We would like to best address your child’s needs and enhance his/her dance experience. All information will be kept confidential.)

Do you or your dancer have any other information you might like to share such as personal goals or aspirations as a dancer, special interests, etc.?

Are there any additional classes you would like to see offered here at the Steffi Nossen School of Dance?

NO REFUNDS WILL BE GIVEN AFTER THE 2nd CLASS. THERE WILL BE NO REFUNDS OR CREDITS FOR MISSED CLASSES.

RELEASE AND CONSENT FORM

I/we realize that participation in dance classes and activities could involve some possible personal injury or bodily harm. Despite precautions, accidents and injuries may occur. By signing this release form, I/we (the dancer and parent/guardian) assume all risks related to the use of any and all spaces used by the Steffi Nossen Dance Foundation, Inc. (including the Steffi Nossen School of Dance). I/we agree to release and hold harmless the Steffi Nossen Dance Foundation, Inc. (including the Steffi Nossen School of Dance) including its teachers, dancers, staff members, directors and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Steffi Nossen Dance Foundation, Inc. (including the Steffi Nossen School of Dance) liable for any personal injury or any personal property damage, which may occur on the premises before, during or after classes. Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Steffi Nossen Dance Foundation, Inc. and the Steffi Nossen School of Dance. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the School Director, instructor or staff member as soon as possible.

By submitting this form, you also give consent for your child to be photographed/videotaped during Steffi Nossen School of Dance activities. These photos/videos are for the sole use of the Steffi Nossen Dance Foundations, Inc. and the Steffi Nossen School of Dance for promotion and display and not for any commercial purpose.

I accept and acknowledge the above terms and conditions and agree to them as a Parent / Guardian on behalf of my child / children. I agree with the above terms **AND** I agree and accept the payment terms.

Signature of parent or guardian:

Signature

Date

Mail to: Steffi Nossen School of Dance, 216 Central Avenue, White Plains, NY 10606
Phone: (914) 328-1900 Fax: (914) 328-5115 Email: info@steffinossen.org

FOR OFFICE USE ONLY

- Phone
- In Person
- Email

Received by: _____ Date: _____