

STEFFI NOSSEN SCHOOL OF DANCE

Moving Wheels and Heels 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 _____ M/F ___ Age ___ Birth Date: ___/___/___

Street Address _____ Last 4 Digits of SS# _____

City _____ State _____ Zip _____ Home Telephone # _____

Parent 1 Name _____ Relationship to Child _____

Work Phone # _____ Cell Phone # _____

Parent 2 Name _____ Relationship to Child _____

Work Phone # _____ Cell Phone # _____

Parent's Email Address _____

(PLEASE PRINT CLEARLY-YOU WILL BE CONTACTED BY EMAIL!)

For a cancellation or emergency closing, who do we contact? _____ Telephone # _____

Additional Emergency Contacts _____ Telephone #s _____

I WISH TO REGISTER FOR THE FOLLOWING CLASS

<i>Class</i>	<i>Location</i>	<i>Day</i>	<i>Time</i>	<i>Tuition</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			REGISTRATION FEE	\$45.00

*Grants and donations allow us to offer full and partial financial aid packages to students, and help cover costs not covered by tuition fees. **Any amount you can pay helps to spread limited resources further.** Please pay in full or what you are able to, and apply for financial aid for the balance. Please contact Judy Ross at 914-328-1900 or email info@steffinossen.org.*

TOTAL DUE _____

Paid at Registration (at least 50%) _____

Balance Due _____

*** We accept cash, check, MasterCard or Visa. Please make checks payable to: STEFFI NOSSEN DANCE**

PLEASE SELECT ONE OF THE PAYMENT AGREEMENTS BELOW:

- I will pay the Total Due now
- OR**
- I will pay \$ _____ at registration (must be at least 50%) and the balance by
 - Oct. 31, 2018 for fall session
 - March 1, 2019 for winter session

Payment by (check one): ___ cash / check or ___ charge my VISA or MC credit card as directed above

Card# _____ 3-digit CVC _____ expiration date _____

Signature _____ Name on card _____

ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE

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

Does your family member have any pertinent medical conditions (e.g. allergies, medications, physical issues)?: _____

Does your family member have any particular emotional/behavioral issues and/or special learning needs? (We would like to best address your family member'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: _____