



SummerDance 2019 Registration Form

Current Student ___ New Student ___ If new, how did you hear about us? _____

Student Name _____ Male/Female (circle one)

Birth Date: ___/___/___ Age ___ Grade as of 9/2019 ___ School _____

Street Address _____

City _____ State ___ Zip _____ Home Phone # _____

Parent 1 Name _____ Work Phone# _____ Cell Phone # _____

Parent 2 Name _____ Work Phone# _____ Cell Phone # _____

Primary Email _____

Emergency Contact Name _____ Relationship _____

Phone# _____ Email _____

Story Book Camp 5 - 1 week sessions (\$200 p/w):

___ June 10-14 ___ June 17-21 ___ June 24-28 ___ Aug 5 -9 ___ Aug 12-16 \$ _____

Dance Camp, July 8-July 19: \$850 (1 Wk \$450) \$ _____

Dance Intensive, July 8 - July 19: \$900 (1 Wk \$450) \$ _____

Musical Theater Kids, July 22 - August 2: \$850 (1 Wk \$450) \$ _____

Musical Theater Intensive, July 22 - August 2: \$850 (1 Wk \$450) \$ _____

Choreography Camp, August 12 - August 16: \$450 \$ _____

Hip Hop Camp, August 19 - August 23: \$450 \$ _____

SUBTOTAL: \$ _____

DISCOUNT: \$ _____

CHARITABLE CONTRIBUTION: \$ _____

TOTAL DUE: \$ _____

AMOUNT ENCLOSED: \$ _____

Early Bird Special: 10% discount on all camps when tuition is paid in FULL by April 1, 2019.

I will pay the Total Due now

I will pay \$ _____ at registration (must be at least 50%) and the balance paid in full 2 weeks before the first day of camp.

We accept cash, check or credit card for tuition. Please make checks payable to: STEFFI NOSSEN DANCE

Payment by (circle one): cash / check or

_____ charge my credit card as directed above
Type: MC or VISA

Card#

expiration date

3-digit CVC

Name on card

Signature

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 dancer have 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).

Please list your dancer’s prior dance experience:

Release and Consent

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 Foundation, Inc. and the Steffi Nossen School of Dance for promotion and display and not for any commercial purpose.

Payment & Registration Policies

- Tuition is non-refundable. There will be no refunds or credits for missed classes.
- A \$25 fee will be assessed against all returned checks.
- We reserve the right to change classes subject to enrollment. Faculty is subject to change.

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

Print Parent Name

Student Name (s)

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