



REGISTRATION FORM

2026-2027

Please check one: Returning Student New Student
If new, how did you hear about us? Website Other

PLEASE PRINT OR TYPE CLEARLY. We use email to communicate important information.
Please open all emails we send, as they are targeted to you. Add Steffi Nossen School of Dance to your contacts.

STUDENT NAME _____
 Male Female Prefer Not to Answer
 Birth Date ____/____/____ Age ____
 Grade as of 9/2026 ____ School _____
 Student Address _____
 City _____ State ____ Zip _____
 Primary Contact Name _____ Relationship to Child _____
 Primary Email _____ Cell Phone _____
 Secondary Contact Name _____ Relationship to Child _____
 Secondary Email _____ Cell Phone # _____
 Emergency Contact (if different from above) _____ Relationship to Child _____
 Phone # _____ Email _____

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

Class	Day	Time	Package Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Tuition: _____
Charitable Contribution: _____
Total Due: _____

***We offer payment plan options.**
Please contact the office to learn more.

Credit cards only (no AMEX) for online registration.

I choose to remit payment by (circle one): cash / check **OR** charge my credit card
Make checks payable to: STEFFI NOSSEN DANCE

_____	_____	_____	MC or VISA
Card#	expiration date	3-digit CVC	type
_____	_____		
Name on card	Signature		

ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE

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

Please list the dancer's medical conditions, if any (e.g., allergies, medications, physical considerations):

Does your dancer have any emotional, behavioral, or special learning needs? We ask so that we can best support your child and enhance their dance experience. All information will be kept confidential.

Please list the dancer's prior dance experience:

PAYMENT & REGISTRATION POLICY

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.

If you do not receive a confirmation email within two weeks of registering, please contact the office to confirm that we have your correct information.

RELEASE AND CONSENT FORM

I/we understand that participation in dance classes and activities, whether in person or online, may involve the risk of personal injury, bodily harm, or property damage. Despite precautions, accidents and injuries may occur. By signing this Release and Consent Form (Release), I/we (the participant and parent/guardian) assume all risks related to the use of any spaces or instruction provided by the Steffi Nossen Dance Foundation, Inc., including the Steffi Nossen School of Dance (Steffi Nossen). I/we agree to release and hold harmless Steffi Nossen, including its teachers, dancers, staff members, employees, directors, insurers, and facilities, from any and all claims, causes of action, losses, or demands now and in the future. I/we agree that we will not hold Steffi Nossen liable for any personal injury or property damage that may occur on Steffi Nossen's premises, at the participant's home, or elsewhere, before, during, or after classes. Furthermore, I/we agree to follow the instructor's, class, and facility rules and take full responsibility for my/our behavior, as well as for any damage I/we may cause to facilities used by Steffi Nossen or other facilities where I/we participate. In the event that I/we observe any unsafe conduct or conditions before, during, or after my/our classes, I/we agree to report them to the School Director, instructor, or staff member as soon as possible.

By submitting this Release, I/we also consent for myself or my child/ward to be photographed or videotaped during Steffi Nossen activities. These photos/videos are the property of Steffi Nossen and may be used solely for promotion and display purposes, including online and through social media, and not for any other commercial purpose.

I/we accept and acknowledge the above terms and conditions and agree to them individually and, as parent/guardian, on behalf of my child/children/ward. I agree to the above terms and accept the payment terms set forth in the agreement with Steffi Nossen.

SIGNATURE OF PARENT OR GUARDIAN:

Signature

Date

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