



2020-2021 Fall Registration

How would you like to receive your class placement?

Check One: ☐ E-Mail ☐ Post Card

577 Fillmore Ave. ~ East Aurora, New York 14052 ~ 716-652-8151 ~ hoffmanschoolofdance.com

Follow these steps to register:

1. Please complete this form in full and sign below. Place a check next to each class that you are registering for.
2. Mail this form with non-refundable Registration fee to the studio (\$35 per student) and first installment to the studio.
3. Any questions – Phone: 652-8151 or E-mail hoffmansdance@yahoo.com

STUDENT'S NAME _____ DOCTOR'S NAME _____
(As you wish it to appear in the recital program)

ADDRESS _____ DOCTOR'S PHONE _____
Number Street

City State Zip Code MEDICAL INSURANCE CARRIER _____

PHONE _____ EMERGENCY CONTACT (If parents cannot be reached at the numbers listed)
Home Emergency (Cell Phone) NAME _____

AGE _____ RELATIONSHIP _____ PHONE _____
Date of Birth Age as of Sept. 1st

EMAIL ADDRESS _____ COMPLETE THE FOLLOWING: List any medical, physical, or behavioral conditions that may adversely affect the student's performance in class. The following medical information is needed on file to ensure the fastest response in the event of an emergency. All medical information is kept confidential by the studio.

MOTHER'S NAME _____ FATHER'S NAME _____

Please include the address of your child's mother/father if not the same as above.

ADDRESS _____ Allergies _____
Number Street Medications _____

City State Zip Code

CLASS DAY PREFERENCE _____ HOW DID YOU HEAR ABOUT US _____
1ST 2ND

PREVIOUS DANCE EXPERIENCE _____

CLASS SELECTION for AGES 7 & Up: Place a check next to each subject for which you are registering. You will be notified of your schedule through email.

_____ BALLET _____ ACROBATICS _____ BOYS ONLY HIP HOP (8-12 yrs old)
_____ JAZZ _____ LYRICAL (10&up + ballet) _____ CONTEMPORARY
_____ TAP _____ STRETCH & TECH (Comp) _____ POINTE (w. teacher approval only)
_____ HIP HOP _____ THEATRE DANCE (6&up) _____ ACRO for ages 4-6
(Saturday 11:45-12:30)

CLASS SELECTION for AGES 3-6:

KIDDIE COMBINATION CLASSES – Please check class day & time preference. Class size is limited.

KIDDIE COMBO 1 _____ Tuesday 4:00-4:45
(3-4 years old) _____ Saturday 10:00-10:45

KIDDIE COMBO 2 _____ Thursday 4:00-4:45
(4-5 years old) _____ Saturday 11:00-11:45

KIDDIE COMBO 3 _____ Thursday 4:45-5:30
(5-6 years old) _____ Saturday 12:30-1:45

FINANCIAL OBLIGATION: By signing below, I am financially responsible for payment of this account, I agree to make all payments on a timely basis. The registration, insurance, and performance fees, as well as costume deposits as stated on the website are non-refundable with terms. I also agree to the \$30 service charge if the bank should return any of my checks. In addition, I understand that my account will be charged a \$10 late fee for any tuition payment received after the 10th of any given month. Should my account become delinquent beyond 2 months, the registered student(s) may be asked to discontinue their dance lessons.

PARENTAL CONSENT: My child and I are aware that participation in dance is a potentially risky activity. I assume all risks associated with participation in any dance class, including but not limited to, falls, contact with other persons, and any other reasonable risk conditions associated with dance. All such risks to my child / self are known and understood by me. By signing below, I am approving the use of my child's photograph in studio publications, advertising, website, etc, I understand that names will not be listed. By signing below, I give permission for emergency medical treatment of my child in the event that a parent cannot first be contacted.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE: _____ - _____ - _____

FOR OFFICE USE ONLY

☐ Returning Student Date Received _____ Registration Fee _____ # of Class Hours _____ Student # _____

☐ New Student Monthly Tuition _____ Family # _____