

# The Sam Smith School of Dance

## 2016-2017 Registration Form

2455 Niagara Falls Blvd. Amherst, NY 14228 Phone: (716)691-2822

Student \_\_\_\_\_

**Jazz** - Class M T W Th S

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

**Tap** - Class M T W Th S

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

**Ballet** - Class M T W Th S

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

**Lyrical** - Class M T W Th S

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

**Hip Hop** - Class M T W Th S

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

**Technique(s)** – Class M T W Th S

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

from \_\_\_\_ to \_\_\_\_ with \_\_\_\_\_

**Classes Below are one hour unless noted**

**Pre-K Classes:**

- Monday 5:00-5:45 pm
- Saturday 10:00-10:45 am

**Beginner Combination Classes:**

- Monday 5:45-6:30 pm
- Saturday 10:45-11:30 am

**Adult Tap:**

- Tuesday 8:30 pm

**Acrobatics:**

- Tuesday 5:00-5:45 pm Beginner
- Monday 7:00 pm Intermediate
- Monday 5:00 pm Advanced (must

be enrolled in approved dance or technique class)

**Musical Theatre:**

- Tuesday 7:00-7:45pm Beg./Int.
- Tuesday 7:45pm Int/Advanced

**Contemporary:**

- Tuesday 7:00-7:45pm Recreational
- Tuesday 8:45pm Competitive

**Pre-Pointe:** (by invite only)

- Saturday 9:00 am

**Cheer Dance**

- Saturday 12:00pm

Which method do you choose to pay tuition:  
Please circle one: Monthly Bi-yearly Yearly

- Check off all classes at left, that student is registering for.
- Fill out all information below. Please print or type.
- Parent or guardian must sign and date where stated.
- Email/Mail/Bring form with non-refundable registration payment to the studio. (\$30/student or \$45/family)

Student's Name (as to appear in recital program) Last \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Students Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Student's Birth Date \_\_\_\_\_ Student's Age (as of Dec 1<sup>st</sup>) \_\_\_\_\_ Students Grade \_\_\_\_\_

Years danced: Ballet \_\_\_\_\_ Jazz \_\_\_\_\_ Tap \_\_\_\_\_ Combo \_\_\_\_\_ Other \_\_\_\_\_ Where \_\_\_\_\_

Email Address(s) \_\_\_\_\_

Parent's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Cell phone \_\_\_\_\_

Other Address: (If applies) \_\_\_\_\_

**PAST STUDENTS:** Do you have any comments relating to last year's recital, video, or pictures?

**NEW STUDENTS ONLY:** How did you hear about The Sam Smith School of Dance? (You may check more than one.)

- Valpak \_\_\_\_\_ WNY Family Magazine \_\_\_\_\_ The Bee \_\_\_\_\_ Website \_\_\_\_\_
- Signage \_\_\_\_\_ Phone Book \_\_\_\_\_ Other (please specify) \_\_\_\_\_
- A Friend \_\_\_\_\_ (please list friend's name) \_\_\_\_\_

1. I am aware that participation in any physical activity involves risk and possible injury. I understand and agree that The Sam Smith School of Dance and its staff will assume no responsibilities for injuries or medical expenses incurred by my child(ren) or myself. My child(ren) (or I) has (have) no physical, mental, or emotional problems that would interfere with participation in this program.
2. I am financially responsible for this family's account and agree to make all payments in a timely manner.
3. I have read and fully understand the school brochure regarding fees, dress code, and rules of the school and agree to adhere to them. I have also explained them to my child(ren).
4. I give permission to use any photographs and/or images of my child(ren) for studio purposes (i.e. advertising, videos, website, etc.).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: _____	# of students per family: _____	Account Reviewed by: _____
New Student: _____	# of class hours per family: _____	Registration: \$ _____
Returning Student: _____	# of hours family is paying: _____	Tuition \$ _____
		MO BY YR