

The Sam Smith School of Dance

2017-2018 Registration Form

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

- 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. (\$35/student or \$50/family)

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

Beginner Combination Classes:

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

Adult Tap:

- Wednesday 8:00 pm

Acrobatics:

- Monday 4:45-5:30pm Beginner
- Monday 7:15pm Intermediate
- Monday 5:30pm Advanced
- Monday 6:30-7:15pm Tiny Tumblers

Musical Theatre:

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

Contemporary:

- Tuesday 7:00-7:45pm Recreational
- Saturday 11:00am Competitive

Pointe/Pre-Pointe: (by invite only)

- Saturday 12:00-12:45pm New Pointe
- Monday 7:30pm Experienced Pointe

Cheer Dance

- Saturday 11:30-12:15pm

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

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 1st) _____ 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

Account Reviewed by: _____

Date Received: _____ # of students per family: _____

Registration: \$ _____

New Student: _____ # of class hours per family: _____

Tuition \$ _____

Returning Student: _____ # of hours family is paying: _____

MO BY YR