

The Sam Smith School of Dance

2019-2020 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 \$60/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 _____

Acrobatics - Class M T W Th S
from ____ to ____ with _____

Contemporary- 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:

- Tuesday 7:30 pm

Musical Theatre:

- Tuesday 7:00-7:45pm Beg./Int.
- Tuesday 7:45-8:30pm Int/Adv.

Pointe/Pre-Pointe: (by invite only)

- Monday 4:45-5:30pm Beg. Pointe
- Monday 5:30pm Int/Adv Pointe

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.)

Website _____ Signage _____ Facebook _____ 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: _____

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

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

Account Reviewed by: _____

Registration: \$ _____

Tuition \$ _____

MO BY YR