



REGISTRATION FORM 2024-2025

Please fill out the following and email this form to info@steffinossen.org

Please Check: Returning Student ___ New Student ___ *If new, how did you hear about us?* Website ___ Other ___

Student Name _____

Male ___ Female ___ Prefer Not to Answer _____

Birth Date ___/___/___ Age ___ Grade as of 9/2024 ___ School _____

Student Address _____

City _____ State ___ Zip _____ Home Phone # _____

Primary Contact Name _____ Relationship to Child _____

Work Phone # _____ Cell Phone # _____

Secondary Contact Name _____ Relationship to Child _____

Work Phone # _____ Cell Phone # _____

Primary Email _____ Secondary Email _____

PLEASE PRINT/TYPE CLEARLY. *We use email to communicate important information.*

Who do we contact in case of emergency? _____ Relationship to Child _____

Phone # _____ Email (*print/type clearly*) _____

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

<i>Class</i>	<i>Day</i>	<i>Time</i>	<i>Package Tuition</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

We accept credit cards (no AMEX) for online registration. If you'd like to pay by cash/check, please contact us!

The Steffi Nossen Dance Foundation provides valuable outreach programs and financial assistance to a wide and varied community. Please help us by including a tax deductible contribution. Thank you for your support.

Charge my credit card as directed above

Type: MC VISA

Card# _____

3-digit CVC _____

expiration date _____

Name on card

Signature

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

Please let us know if your dancer has any medical conditions (e.g. allergies, medications, physical issues)?

Does your dancer have any particular emotional/behavioral issues and/or special learning needs? (We would like to best address your child’s needs and enhance his/her dance experience. All information will be kept confidential.)

Do you or your dancer have any other information you might like to share such as personal goals or aspirations as a dancer, special interests, etc.?

Are there any additional classes you would like to see offered here at the Steffi Nossen School of Dance?

NO REFUNDS WILL BE GIVEN AFTER THE 2nd CLASS. NO REFUNDS OR CREDITS FOR MISSED CLASSES.

We recommend you open all emails we send you as they are targeted to you. If you do not receive a confirmation email from us within two weeks of registering, please email the office to ensure that we have your correct information. Please add Steffi Nossen School of Dance to your contacts.

RELEASE AND CONSENT FORM

I/we understand that participation in dance classes and activities, whether in-person or online, could involve 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 and all spaces used, 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 any property damage, which may occur on Steffi Nossen’s premises, at participant’s home, or elsewhere, before, during or after classes. Furthermore, I/we agree to obey the instructor, class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Steffi Nossen or such other facilities at which I/we participate. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the School Director, instructor or staff member as soon as possible.

By submitting this Release, I/we also give consent for myself or my child/ward to be photographed/ videotaped during Steffi Nossen’s activities. These photos/videos are the property of and for the sole use of Steffi Nossen 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 with the above terms AND I agree and accept the payment terms as set forth in the separate participation 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