



# 2024-2025 Fall Registration

Class placements will be sent via EMAIL once our schedule is finalized.

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) to the studio.
3. The first installment will be due once you receive your class placement via email.
4. Any questions – Phone: 652-8151 or E-mail [hoffmansdance@yahoo.com](mailto: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)  
Primary Number Emergency Number NAME \_\_\_\_\_

AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
Date of Birth Age as of Sept. 1<sup>st</sup>

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 HOW DID YOU HEAR ABOUT US \_\_\_\_\_

CLASS DAY PREFERENCE  
1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_

PREVIOUS DANCE EXPERIENCE \_\_\_\_\_

**CLASS SELECTION for AGES 6 & 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 CREW HIP HOP (8-12 yrs old)  
 JAZZ     ACRO TECH (non-performing)     TEEN CONTEMPORARY  
 TAP     LYRICAL (requires ballet)     POINTE (w. teacher approval only)  
 HIP HOP     THEATRE DANCE (6 & up)     STRETCH AND TECH  
 COMPETITION TEAM REQ. CLASSES     NATIONALS TEAM REQ. CLASSES

**CLASS SELECTION for AGES 3-6:**  
KIDDIE COMBINATION CLASSES – Please check class day & time preference. Class size is limited.

**KIDDIE COMBO 1** \_\_\_\_\_ Thursday 4:00-4:45pm  
(3-4 years old) \_\_\_\_\_ Saturday 9:45-10:30am

**KIDDIE COMBO 2** \_\_\_\_\_ Thursday 4:45-5:30pm  
(4-5 years old) \_\_\_\_\_ Saturday 10:30-11:15am

**KIDDIE COMBO 3** \_\_\_\_\_ Thursday 5:30-6:15pm  
(5-6 years old) \_\_\_\_\_ Saturday 11:15-12:00Pm

**“SHOOTING STARS” classes:**  
**BEGINNER THEATRE (ages 4-6)** \_\_\_\_\_ (Thurs. 4:45-5:15)

**BEGINNER ACRO (new to acro, ages 4-6)** \_\_\_\_\_ (time TBA)  
(non-performing)

**YOUNG ACRO (with experience, ages 5-6)** \_\_\_\_\_ (time TBA)  
(non-performing)

**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 10<sup>th</sup> 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 riskful 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 # \_\_\_\_\_