



2025-2026 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 (\$50 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

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. 1st

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

1ST _____ 2ND _____

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 6 & UNDER:

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)

KIDDIE COMBO 2 _____ Thursday 4:45-5:30pm
(4-5 years old)

KIDDIE COMBO 3 _____ Thursday 4:45-5:30pm
(5-6 years old)

BEG. ACRO (new to acro, ages 4-6) _____ (Mon. 4:30-5:05)
(non-performing)

YOUNG ACRO (w. experience, ages 5-7) _____ (Mon. 6:00-6:45)
(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 10th 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 # _____