

Contact:

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Registration Fees:

- Re-Registration Before 7/1/19: **\$10**
- New & Any Other Registration After 7/1/19: **\$15**

Sandy Stramonine School of Dance

2019—2020 Registration

All Registration Fees are Non-Refundable

****PLEASE PRINT CLEARLY****

Child's Name: _____ DOB: _____ Age: _____

Street Address: _____ Town: _____ Zip: _____

School/District: _____ Grade Entering In Fall 2019: _____

Mother/Guardian's Name: _____ Phone: _____

Email Address: _____ Occupation: _____

Father/Guardian's Name: _____ Phone: _____

Email Address: _____ Occupation: _____

Medical Conditions/Allergies _____

Classes Desired (Please Check)

(Final Placement will be determined by the studio director)

Pre-School: _____ Combination: _____

Ballet: _____ Pointe: _____

Tap: _____ Jazz: _____ Lyrical: _____

Are you Interested in Adult Classes?

Barre Fitness: _____ Tap Class: _____

Previous Dance Training

(Please complete if you are new to our studio)

Former Studio: _____

Location: _____ Years: _____

Amount/Type of Classes Taken:

Reason for Leaving:

1. All precautions are taken to safeguard our dancers from any injuries, but occasionally injuries do occur because of the physical nature of dance. Understanding such, I the undersigned, accept the normal risk involved in participating in any dance classes.
2. I hereby assume all financial responsibility for the above student enrolled at the Sandy Stramonine School of Dance Studio. I further understand that I will be charged for all classes unless I have notified the Studio via phone call or in writing of canceling my child's classes. In the event it becomes necessary to refer this account for collection, I, the undersigned will be liable for all collection fees, including attorney fees, interest etc. I have read all information and accept it.
3. My signature below acknowledges that I have received a copy of the studio handbook and am aware of studio policy and procedure.
4. My signature also authorizes the use of my child's photo or video on studio social media and for promotional advertisements. **To opt out, please Initial & Date here:** _____

Date: _____

Signed: _____