

Student Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Parent(s) Email: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Health/Medical: Allergies (specify): \_\_\_\_\_ Medications (specify): \_\_\_\_\_

How did you hear about our program, please circle below:

Magazine? Big Apple Parent NY Family Time Out NY Kids Other: \_\_\_\_\_

Online? Big Apple Parent NY Family Time Out NY Kids Mommy Poppins Other: \_\_\_\_\_

Friend? Who may we thank? \_\_\_\_\_ WEBSITE Other? (Please specify): \_\_\_\_\_

Returning School at Steps Student? (please circle one) Yes No

Program/Class (e.g. – Little Steps I, Adventures in Dance)	Day/Time (e.g. – Wednesday 9:00a.m.)	Session(s) (circle)		
		Session I: Jun 20 – Jul 6	Session II: July 11 – 27	Session III: Aug 1 – 17
		1	2	3
		1	2	3

### TUITION

<b>Little Steps I or II</b> (1 class / week)	1 session: \$179	2 sessions: \$299	3 sessions: \$359
<b>Little Steps I</b> (2 classes / week)	1 session: \$289	2 sessions: \$469	3 sessions: \$589
<b>Little Leapers</b> (1 class / week)	1 session: \$249	2 sessions: \$479	3 sessions: \$699
<b>Adventures in Dance</b> (1 day / week)	1 session: \$289	2 sessions: \$469	3 sessions: \$589
<b>Adventures in Dance</b> (2 days / week)	1 session: \$449	2 sessions: \$709	3 sessions: \$849

**PAYMENT:** MC VISA AMEX **CHECK (Only checks made to “Steps Studio Inc.” are accepted)**

Tuition (from table): \$ \_\_\_\_\_ + **\$35** registration fee (non-refundable, AY 16-17 students exempt) = **TOTAL:** \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Name (Print): \_\_\_\_\_

**Release of Liability:** My signature below attests that I understand that there are risks of physical injury associated with, arising out of and inherent to the activity of dance. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all right and/or causes of action of any kind, including any and all claims of negligence arising as a result of such activity from which liability could accrue to The School at Steps and/or Steps Studio Inc., their officers, agents, employees, instructors, and all affiliated entities and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in dance on behalf of the participant.

**Personal Property:** Steps Studio Inc. is not responsible for loss or damages to personal property. **Program Materials:** I have read The School at Steps program materials and agree to abide by the protocol and etiquette requirements.

**Photo Release:** In registering my child, I grant permission to use class or performance photos for the marketing of Steps on Broadway and/or The School at Steps. I agree to submit any objection in writing at the time of registration. I understand that parents may only take photos or videos on observation days with the approval of each individual instructor.

**Refund Policy:** Full tuition (excluding fees) will be refunded only if written notification from the parent is received 24 hours PRIOR to the first class. After that, tuition, registration and all additional fees are non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_