

Studio B Dance Center 2026-2027 Registration Form

Student's Last Name: _____ Student's First Name: _____

Street/Apt: _____ Town: _____ Zip: _____

Birthdate: _____ Age: _____ Grade: _____

Parent's Last Name: _____ Parent's First Name: _____

Cell Phone: _____ Email : _____

Email is required for important notices such as snow days and recital info

How did you hear about us? _____

*2nd Parent or Guardian

Emergency Contact's Name: _____ Phone: _____

Relation: _____

What matters most to you about your child's experience in this program (skills, confidence, friendship, etc.)?

Is there anything you'd like us to know to help your child feel comfortable, confident, and successful in class? All information is kept confidential and helps us create the best possible experience for your child.

PAYMENT OPTIONS (PLEASE CIRCLE ONE)

Option A

Full payment upon registration (5% discount)

Option B

50% due at registration and 50% due on November 15th.

*Costume fee due November 15th

Option C

Payments will be automatically deducted on the 15th from a credit card on file. A costume fee will be charged on Nov. 15th. Final payment will be charged on Jan. 15th, 2027. There is a \$10 charge for each payment made by check, if a credit card is declined on the scheduled payment date, or a change of date to process the credit card is made. THERE IS A \$30 SERVICE CHARGE FOR RETURNED CHECKS.

Registration Checklist

1. Fill out entire form including dancer's birthdate

2. Include payment

Your child's spot in class will not be reserved until payment is received

3. Sign the bottom of the form.

4. Email your form to studioboffice@aol.com or mail your registration form and deposit to:

Studio B Dance Center
277 White Plains Road,
Eastchester, NY 10709

To register by phone, please call us at 914-793-2799

You will receive a confirmation email when your child is registered

CREDIT CARD PAYMENTS Visa, Master Card (We do not accept AMEX)

Credit Card Number: _____

Expiration Date: _____ CSV: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

Class: _____ Day: _____ Time: _____

For office use only

Registration Date : _____

Membership Fee : _____

Tuition Amount: _____

RELEASE: In consideration of being permitted to participate in any way in, with, or for Studio B Dance Center, Inc. ("SBDC") and/or being permitted to enter for any purpose into any area where in admittance to the general public is prohibited ("Restricted Area"), the participant agrees or, in the event that the participant is a minor, the parent(s) or legal guardian(s) of the participant ("I"): fully understand, acknowledge, and agree that there are risks and dangers associated with dancing, dance events and related activities that can result in bodily injury, partial or total disability, paralysis, or death ("Harms"). I accept and assume such risks and responsibility for the losses and damages following such Harms however caused and whether caused in whole or in part by the negligence of SBDC. **I HEREBY RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, AND COVENANT NOT TO SUE SBDC** including its owner(s), managers, teachers, promoters, or other participants as well as instructors and promoters participating in activities or events held at SBDC. Further, I consent to and permit SBDC to use any pictures taken of my child for their commercial advantage including advertisements and public dissemination. **I HAVE READ AND I FULLY UNDERSTAND AND CONSENT TO THIS RELEASE, WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I HAVE HAD A CHANCE TO HAVE IT REVIEWED BY AN ATTORNEY. FURTHER, I HAVE READ, UNDERSTAND, AND AGREE TO ALL THE POLICIES OF SBDC WHETHER WRITTEN HEREIN OR ELSEWHERE.**

SIGN

HERE ->

Parent or Guardian _____ Date: _____
Signature (if minor)

914-793-2799 - Studiobdance.com