

Credit Card Information

Name on Card:

Card Number:

Expiration Date: _____

CVV: _____

Billing Zip Code: _____

Total Due For All Programs: _____

Form of Payment (check one):

Check _____ Card _____ Cash _____

Receipt Number: _____

I grant permission to the staff of D'Valda and Sirico Dance and Music Centre to take first aid or emergency measures as judged necessary for the care and protection of my child while under the supervision of the studio. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the emergency unit deems it necessary. I understand that in some medical situations the staff will need to contact the emergency resource before the child's parent, physician,

and or other person acting on the parent's behalf. I also understand and agree that the child's parents or legal guardians shall be responsible for any expenses incurred.

As the parent/legal guardian of

_____,

I agree to hold harmless from any and all liability the D'Valda & Sirico Dance and Music Centre, its officers and employees both in their professional capacity and personally for all injury or illness resulting from or in any way connected with his/her participation in the classes, activities or special events at the D'Valda & Sirico Dance and Music Centre. I understand that it is the D'Valda & Sirico Dance and Music Centre's policy that while under the supervision of the Dance and Music Centre no child is allowed to leave the building without a parent/legal guardian or the written permission of a parent/legal guardian and that the parent/legal guardian assumes full responsibility for the actions and behavior of the child. Parents/legal guardians give their permission to the D'Valda & Sirico Dance and Music Centre to use photos and/or video of their child in connection with Dance and Music Centre publications, advertising, TV, and news coverage. I agree that the total due will be charged in full to the card above. All deposits and payments are nonrefundable.

Signature: _____

Date: _____



Music at the Centre

The D'Valda and Sirico Music program provides vocal, piano, guitar, and ukulele lessons.



Privates can be booked for either 30 minutes or 1 hour sessions. Group vocals are also available.

203-255-9440

info@dvaldaandsirico.com

1580 Post Road, Fairfield, CT 06824

www.dvaldaandsirico.com

Meet Our Instructors

Hanna Golodinskii

Ukrainian-American Opera Singer, Soprano. At age 16, Hanna became a winner of the "Ukrainian National Vocal Competition" and was sent subsequently to train with Ukrainian opera star Professor Diana Petrynenko. She received her master's degree as an Opera/Chamber Soloist Vocal Performer from the National Music Academy of Ukraine in Kyiv. Not only does Hanna travel internationally, but she also performs widely throughout the Tri-state area. Her solo performances can be regularly heard on WGCH National Radio broadcasts.

James "Fuzz" Sangiovanni

Born in NYC and currently residing in Connecticut, James "Fuzz" Sangiovanni has been a successful international recording and touring artist, educator, songwriter, composer, producer, and musical director for over 25 years.

As a multi-instrumentalist, Fuzz has been both a performer and educator on a wide range of instruments including guitar, bass, ukulele, piano, drums, and voice as well as a record producer, audio engineer, and session musician. He has released thirteen of his own albums as well as performed on and produced records from many other artists over the years.

Music at the Centre

Guitar _____ Ukulele _____
Piano _____ Vocal _____

\$50 per 30 minute session _____
\$100 per 1 hour session _____

Dates (Tuesdays):

6/23, 6/30, 7/9, 7/16, 7/23, 7/30, 8/13, 8/20

Fuzz: 10am-1pm

Hanna: 12pm-3pm

Tuesdays - Group Vocals:
3pm-4pm

Saturdays - Group Vocals:
12pm-1pm

Call the front desk to inquire about in-home Saturdays.

Special Offer

Sign up for the entire 8-week series and get one lesson free!



Student Information

Student's Name: _____

Date of Birth: _____

Allergies/Special Needs: _____

Parent Name(s): _____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____

Zip: _____

Emergency Contact: _____

Phone Number: _____

Select programs, sessions, and dates. Enter total due for all programs and complete payment information. Please do not forget to sign the registration form!