**Bobcaygeon’s Creative Movement Centre of Dance’s**

FALL REGISTRATION FORM FOR NEW STUDENTS AGES 6+

**COMMITTING TO CLASSES & PAYMENTS FROM:**

Saturday September 6th to Friday December 19th, 2025

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Health Concerns Teachers Should Know: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select the following classes that you are registering for:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLASS** | **AGE GROUP** | **DATE AND TIME** | **MONTHLY FEE** | **CHECK** |
| Dance With Support | Ages 6+ | Mondays 4:30pm-5:00pm | $38 per month |  |
| Hip Hop | Ages 6-10 | Mondays 6:00pm-6:45pm | $49 per month |  |
| Contemporary & Improvisation | Ages 10-16 | Thursdays 5:00pm-5:45pm | $49 per month |  |
| Jazz/Hip Hop | Ages 10-16 | Thursdays 6:00pm-6:45pm | $49 per month |  |
| Ballet | Ages 6-8 | Saturdays 12:30pm-1:15pm | $49 per month |  |
| Mini Monkeys | Ages 4-6 | Sundays 9:00am-9:30am | $38 per month |  |
| Mini Technique | *By Invitation* | Sundays 9:45am-10:15am | $38 per month |  |
| Acro 1  | By Placement Ages 7+ | Sundays 10:30am-11:15am | $49 per month |  |
| Jazz/Tap | Ages 6-10 | Sundays 11:30am-12:15pm | $49 per month |  |
| Junior Technique  | *By Invitation* | Sundays 12:30pm-1:15pm | $49 per month |  |
| Acro 2  | By PlacementAges 7+ | Sundays 1:30pm-2:30pm | $61 per month |  |
| Contemporary Ballet & Pre Pointe | Ages 10-16 | Sundays 4:15pm-5:00pm | $49 per month |  |
| Adult Burlesque  | Ages 16+ | Sundays 6:30pm-7:15pm | $49 per month |  |

**\***SCHEDULE SUBJECT TO CHANGE PENDING REGISTRATIONS\*

\*CLASS RATES ABOVE INCLUDE GST/HST\*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Payment Policy Agreement

Dear Parents and Guardians,
This form is to commit and consent to our payment policies listed below:

\*When registering for a new term, we charge a $5 registration fee per

student along with the first month’s payment.

\*If you choose to **pay in cash**, please bring the cash with you in an envelope on the first class of each month.

\*If you choose to pay by **Etransfer**, please submit the payment prior to the start time of the dancers first class of the month to **bobcaygeonscmc@gmail.com**

**\***If payment is not made by the second class of the month, the dancer will not be allowed to participate in classes until payment is made.

Dancer/s Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian of Child or Children’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Payment Selected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agree to all the following terms and conditions of

Bobcaygeon’s Creative Movement Centre of Dance’s payment policy above.

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

          

Liability Waiver

Dear Parents and Guardians,
This form is to certify that my child is in a healthy physical condition and are able to participate fully in our classes. I release Bobcaygeon’s Creative Movement Centre of Dance and its faculty as well as the Bobcaygeon & District Lions Club from any liability in the event of accident, injury, or illness.

Dancer/s Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian of Child or Children’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby release Bobcaygeon’s Creative Movement Centre of Dance, their faculty, and the Bobcaygeon & District Lions Club from any liability in the event that an accident, injury, or illness may incur to myself or my child (and or children).

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

Photography Waiver

Dear Parents and Guardians,
This form is to give formal consent authorizing your child to be a part of pictures that will be used for advertising purposes. This also authorizes your child to be a part of the group photo on the last day that will be emailed to each family. If you do not wish that your child (and or children) be a part of the group photo, they do not have to partake.

Dancer/s Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian of Child or Children’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give consent to Bobcaygeon’s Creative Movement Centre of Dance to take pictures of my child (and or children) for their advertising and to be in the group photo.

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