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

FALL REGISTRATION FORM FOR NEW STUDENTS AGES 0-5

**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** |
| Teeny Tappers | Ages 3-5 | Mondays 5:15pm-5:45pm | $38 per month |  |
| Tiny Tots | Ages 0-3 + family member | Wednesdays 4:00pm-4:30pm | $38 per month |  |
| Mighty Movers | Ages 3-5 | Wednesdays4:45pm-5:15pm | $38 per month |  |
| Pre Ballet | Ages 3-5 | Wednesdays5:30pm-6:00pm | $38 per month |  |
| Tiny Tots | Ages 0-3 + family member | Saturdays11:00am-11:30am | $38 per month |  |
| Creative Movement | Ages 3-5 | Saturdays11:45am-12:15pm | $38 per month |  |
| Mini Monkeys | Ages 4-6 | Sundays9:00am-9:30am | $38 per month |  |
| Mini Technique | *By Invitation* | Sundays 9:45am-10:15am | $38 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_