Bobcaygeon's Creative Movement Centre of Dance'sWINTER & SPRING REGISTRATION FORM FOR NEW STUDENTS AGES 6+

COMMITTING TO CLASSES & PAYMENTS FROM:

Saturday January 17th to Sunday May 31st, 2026

NAME OF STUDENT:			Student Birthdate:		
	•	rns Teachers Should K			
Parent/Guardian:		Phone: ncy Contact:			
Sele		owing classes			for:
CLASS	AGE GROUP	DATE AND TIME	MONTHLY FEE	JANUARY & FEBRUARY ONLY	FULL TERM 8 RECITAL
Dance With Support	Ages 6+	Mondays 4:30pm-5:00pm	\$37 per month		
Нір Нор	Ages 6-10	Mondays 6:00pm-6:45pm	\$47 per month		
Junior Choreography	By Invitation	Mondays 7:00pm-7:45pm	\$47 per month		
Contemporary & Improvisation	Ages 10-16	Thursdays 5:00pm-5:45pm	\$47 per month		
Jazz/Hip Hop	Ages 10-16	Thursdays 6:00pm-6:45pm	\$47 per month		
Mini Technique	By Invitation	Saturdays 12:30pm-1:00pm	\$37 per month		
Jazz/Tap	Ages 6-10	Saturdays 1:15pm-2:00pm	\$47 per month		
Ballet	Ages 6-8	Saturdays 2:15pm-3:00pm	\$47 per month		
Mini Monkeys	Ages 4-6	Sundays 9:00am-9:30am	\$37 per month		
Acro 1	By Placement Ages 7+	Sundays 9:45am-10:30am	\$47 per month		
Acro 2	By Placement Ages 7+	Sundays 10:45am-11:45am	\$59 per month		
Adult Burlesque	Ages 16+	Sundays 4:30pm-5:15pm	\$47 per month		
		SUBJECT TO CHAN ASS RATES ABOVI			:
Parent Signa	turo:			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 Chil	d or Children's Name:
Method of Payment Selecte	ed:
I,conditions of	hereby agree to all the following terms and
Bobcaygeon's Creative Mov	vement 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: