

**Bobcaygeon's Creative Movement Centre of Dance's**  
**WINTER & SPRING REGISTRATION FORM FOR**  
**NEW STUDENTS AGES 0-5**

**COMMITTING TO CLASSES & PAYMENTS FROM:**

Saturday January 17th to Sunday May 31st, 2026

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	\$37 per month, \$185 full term	<input type="checkbox"/>
Pre Ballet	Ages 3-5	Wednesdays 5:30pm-6:00pm	\$37 per month, \$185 full term	<input type="checkbox"/>
Tiny Tots	Ages 0-3 + family member	Saturdays 11:00am-11:30am	\$37 per month, \$185 full term	<input type="checkbox"/>
Creative Movement	Ages 3-5	Saturdays 11:45am-12:15pm	\$37 per month, \$185 full term	<input type="checkbox"/>
Mini Technique	<i>By Invitation</i>	Saturdays 12:30pm-1:00pm	\$37 per month, \$185 full term	<input type="checkbox"/>

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: \_\_\_\_\_