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

WINTER & SPRING REGISTRATION FORM

FOR NEW DANCERS AGES 0-5

**COMMITTING TO CLASSES & PAYMENTS FROM:**

**Sunday January 19th to Sunday June 8th, 2025**

NAME OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Birthdate: Day: \_\_\_\_\_\_\_\_\_\_\_\_Month: \_\_\_\_\_\_\_\_\_\_\_\_Year: \_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLASS** | **AGE GROUP** | **DATE AND TIME** | **MONTHLY FEE** | **TERM** **COMMITMENT****ONLY** | **TERM** **COMMITMENT****& RECITAL** |
| Tiny Tots | Ages 0-3 + family member | Mondays 4:00pm-4:30pm | $43 per month |  |  |
| Teeny Tappers | Ages 3-5 | Mondays 4:45pm-5:15pm | $43 per month |  |  |
| Mighty Movers | Ages 3-5 | Wednesdays 4:30pm-5:00pm | $43 per month |  |  |
| Pre Ballet  | Ages 3-5 | Thursdays 5:30pm-6:00pm | $43 per month |  |  |
| Mini Monkeys | Ages 4-6 | Sundays 9:30am-10:00am | $43 per month |  |  |
| Tiny Tots | Ages 0-3 + family member | Sundays3:45pm-4:15pm | $43 per month |  |  |
| Creative Movement | Ages 3-5 | Sundays 4:30pm-5:00pm | $43 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_