

Student's First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Allergies/Medical Info: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Email: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Address: _____ Email: _____

Tiny Tots (1.5-2.5)	Jr Acro (7-9)	Int Acro (10-12)	Teen Acro (13+)	Adult Hip Hop/Jazz
Kinderdance (3)	Jr Ballet (7-9)	Int/Teen Acro (10 & Up)		Adult Tap
Mini Acro (4-6)	Jr Contemporary (7-9)	Int Contemp (10-12)	Teen Contemp (13+)	
Mini Ballet (4-6)	Jr HipHop (7-9)	Int Hip Hop (10-12)	Teen Hip Hop (13+)	
Mini Hip Hop (4-6)	Jr Jazz (7-9)	Int Jazz (10-12)	Teen Jazz (13+)	
Mini Jazz (4-6)	Jr Lyrical (7-9)	Int Lyrical (10-12)	Teen Lyrical (13+)	
	Mini/Jr Tap (4-9)	Int/Teen Modern (10&up)		
	Mini/Jr Musical Theatre (4-9)	Int/Teen Tap (10&up)		

*At the discretion of the
Artistic Director:
Advanced Adult*

A MINIMUM OF 6 DANCERS IS REQUIRED FOR EACH LISTED CLASS TO RUN

CLASS: _____	DAY: _____	TIME: _____
CLASS: _____	DAY: _____	TIME: _____
CLASS: _____	DAY: _____	TIME: _____
CLASS: _____	DAY: _____	TIME: _____
CLASS: _____	DAY: _____	TIME: _____
CLASS: _____	DAY: _____	TIME: _____

FEES, REFUND, AND CANCELLATION POLICIES

- ☐ Registration Fees: \$36.75 due at time of registration. Non-refundable and non-transferable.
- Program Fees: Due the first day of each term, September & January (cash, cheque, debit, credit)
Monthly payment plans (Post-Dated Cheques or Credit Cards on File); forms in studio office.☐
- Costume Fees: Due in November (see IMPORTANT DATES) - \$125.00 per class
A costume refund may be requested prior to December 31st.
- Cancellation: Cancellation notice must be given in written form via email to the studio office.
A refund of \$10.00 per unattended class may be requested, accompanied by a dated medical note.
- Late Payment Policy: Overdue payments are subject to a fee of \$5.00/week.
- An additional \$20.00 will be charged for any payment by NSF Cheque.

The parent/guardian agrees that Peak Performance Dance Co., their instructors and employees
will not be held responsible for accident, injury or loss.

The parent/guardian agrees to release Peak Performance Dance Co., their instructors and employees
from all claims which may result of, or by reason of, such accident or loss.

I have read and agree to all of the terms listed above:

Parent/Guardian Signature: _____ Date: _____

I give my consent to Peak Performance Dance Co. to post images of my child, and/or acknowledge my child by first name only on the Peak Performance Dance Co. Instagram and webpage. (Indicate below)

☐ Yes, I agree.

☐ No, I do not agree.