

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)

Kinderdance (3-4)

Mini Acro (5/6)

Mini Ballet (5/6)

Mini Hip Hop (5/6)

Mini Jazz (5/6)

Jr Acro (7-9)

Jr Ballet (7-9)

Jr HipHop (7-9)

Jr Jazz (7-9)

Jr Lyrical (7-9)

Mini/Jr Contemporary (5-9)

Mini/Jr Tap (5-9)

Mini/Jr Musical Theatre (5-9)

Int/Teen Acro (10&up)

Int/Teen Contemp (10&up)

Int/Teen HipHop (10&up)

Int/Teen Jazz (10&up)

Int/Teen Lyrical (10&up)

Int/Teen Tap (10&up)

Adult Conditioning

Adult Hip Hop/Jazz

Adult Tap

*At the discretion of the
Artistic Director
Advanced Adult
Acro Tech*

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) - \$100.00 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.