



179 S. ALGOMA ST., 2ND FLOOR THUNDER BAY, ONTARIO P7B 3C1
(807) 623-4789
spiritofdancetbay@yahoo.ca and spiritofdance.billing@gmail.com

25TH ANNIVERSARY REGISTRATION FORM: ATIKOKAN

CHILD NAME: _____ AGE: _____

BIRTHDAY: _____ SCHOOL GRADE: _____

PREVIOUS DANCE EXPERIENCE: _____ REFFERAL: _____

NAME	ADDRESS	HOME PHONE NUMBER	CELL NUMBER
MOTHER			
FATHER			
LEGAL GUARDIAN			

Email Address (mandatory): _____

Secondary Email Address (optional): _____

Medical Conditions/Allergies:

Custody Agreements the studio should be aware of:

We, the staff at Spirit of Dance studio, recognize our obligation to ensure our students and their parents/guardians are aware of the risks and hazards involved in dance education. By signing this waiver, you release Spirit of Dance and all its employees and volunteers from all claims on account of any injury which may be sustained by your child while attending any dance class, workshop, recital, competition, dance trip or fundraiser, associated with Spirit of Dance. In signing this waiver, you also acknowledge your responsibility in paying all tuition, associated costumes, performance or competition entry fees (if applicable) and all other communicated costs involved.

Parent's Signature _____ Date _____

____ PHOTO RELEASE: By initialing here, I give permission for photographs of my child in dance class or performances to be used in promotional material for Spirit of Dance, in both print and web publications.

____ By initialing here, I am giving permission to spiritofdancetbay@yahoo.ca to be able to email any applicable newsletters or class information and spiritofdance.billing@gmail.com to email any invoicing and accounting questions that pertains to my child for the period of June 2023 to September 2024.

PLEASE READ AND SIGN AT THE BOTTOM

I understand I will be emailed an invoice upon registration and will receive a google drive link for your account with Spirit of Dance. Spirit of Dance will regularly update payments and invoices, so you will always have access to your account balance.

I understand that all tuition fees are due promptly according to the payment schedule agreed upon. On the 2nd of every month, any accounts that have not made the required monthly payment will incur a \$25.00 late fee and 3% interest on the outstanding amount. This will be reflected on your google drive link.

I understand that if I am not paying in full upon registration, I will have monthly installments due, either by payment in person, e-transfer or automatic withdrawal from a credit card. First month payments are due by September 1st, 2023, and all accounts must be paid by April 1st, 2024.

I understand that the registration fee is non-refundable (\$35 per student and \$20 per any additional family member) and it is due upon registration. This fee will cover administrative fees as well as a recital t-shirt souvenir and 1 Adult Recital Ticket per child registered for the year-end show.

I understand that once the dance season has commenced, I will have 2 weeks from the start date to withdraw from a registered class to receive a refund (less the registration fee, \$15/class, plus HST). After that time, Spirit of Dance will be happy to place your child in a different class or offer a credit towards a birthday package or future tuition.

I understand any changes made to my tuition invoice after the 2-week trial period will incur a \$25.00 administration fee. I.e: Changing classes, adding classes, etc.

I understand that classes will not be pro-rated. Spirit of Dance will begin its 25th Anniversary Season on September 17th, 2023, and will run until April 14th, 2024, (approximately 25 weeks of dance).

I understand that each discipline of dance will perform a routine in our year-end recital, and therefore, will have a costume that can either be purchased or fundraised. Competitive invoice will be due October 1st, 2023 and Recreational will be due November 1st, 2023. Costume pricing will range from \$80.00-\$120.00.

I understand that I will receive a student handbook that will outline important dates and information, including recital info, photo dates, competition dates etc. I will also receive band app classroom links that I am required to join for information.

I understand that my child will need to wear the proper attire and footwear for class. (Info will be provided in the handbook.)

I understand I will receive information about the fundraising program available to our dancers and will be given an agreement form should I choose to participate. I understand that our Fundraising committee will run events and fundraisers that may require donations or volunteers and may need assistance. I understand I am not required to help, but any funds raised go towards the year-end Awards, Dinner & Dance Banquet for all students & dance equipment ie: acro mats.

Signature: _____

Date: _____

Non-Payment Policy:

These Terms and Conditions represent the entire payment agreement (Full year tuition). This Agreement is binding upon the parties and their successors. CLIENT may not amend the full payment agreement after the 2-week trial period. After the 2-week trial period, the client understands they may change classes or have credit provided. CLIENT has carefully read the entire Agreement and understands the meaning and effect of each, and every provision of this Agreement. CLIENT is duly authorized and empowered to accept these Terms and Conditions. Signature from all parties involved in paying this account:

Mother: _____ Date: _____

Father: _____ Date: _____

Legal Guardian: _____ Date: _____

Recreational Program

Our Recreational Program focuses on enhancing your children's motor, cognitive, emotional and social development. Our classes boost children's confidence and self-esteem, encourage children to use their imagination and creativity, provide a safe environment for children to learn and grow, make new friends and help them make meaningful connections between movement skills and everyday life skills.

Class	Age	Day	Length Of Time	Cost	Select
Kinder Ballet	2-4	Sunday	12:45-1:15	\$415.00	
Petite Acro	3-6	Sunday	12:30-1:15	\$450.00	
Junior Acro	6-10	Sunday	1:15-2:00	\$450.00	
Intermediate Hip Hop	10+	Sunday	3:30-4:15	\$450.00	

RECREATIONAL PACKAGE PRICING *All Access Pass includes free access to our stretch and tumbling class*

CLASS PACKAGE	COST	CLASS SELECTIONS
2 CLASSES	\$870.00	

Competitive Program (Ages 6+)

Our Competitive Program will participate in 2 Thunder Bay Competitions and 1 Duluth Competition. Students are required to be registered for both Stretch and a technical routine (style will be decided by the director, ie: ballet, modern, tumbling, etc.)

Level 1 (Select 1)	Stretch, Production & Technique Routine Selections: Jazz, Lyrical, Acro, Musical Theatre, Hip Hop	\$1310.00
Level 2 (Select 2)	Stretch & Production, Technique Routine Selections: Jazz, Lyrical, Acro, Musical Theatre, Hip Hop	\$1680.00
Level 3 (Select 3)	Stretch & Production, Technique Routine Selections: Jazz, Lyrical, Acro, Musical Theatre, Hip Hop	\$2075.00
Level 4 (Select 4)	Stretch & Production, Technique Routine Selections: Jazz, Lyrical, Acro, Musical Theatre, Hip Hop	\$2440.00
All Access Pass	Stretch & Production, Technique Routine Selections: Jazz, Lyrical, Acro, Musical Theatre, Hip Hop	\$2675.00

STATUS CARD NUMBER: (if applicable) _____

Please note: all accounts are charged a registration fee and HST. Private Lessons do not have HST on top as it is already included.

Studio Section: (please leave blank)

Package Price	
Discounts (10% off early registration if on June 1 st)	
Registration Fee (\$30/student, siblings are an additional \$10)	
Sub-Total	
HST (13%)	
Private Lessons Total	
Grand Total	

PAYMENT OPTIONS

An invoice will be sent to you from spiritofdance.billing@gmail.com with your Invoice Breakdown and Total. This email will also set up your payment plan (that you select) and include your link to your google drive account. Payment Options include Cash, Debit, E-transfer, Visa or Mastercard. Receipts will be available at the desk, as well as confirmation of payment VIA email. Please select one of the following:

_____ Pay in Full _____ 4-month payment plan _____ 8-month payment plan (bill must exceed \$1000.00)

Please Select:

_____ Monthly Payment on 1st _____ Bi-Weekly Payment _____ Monthly Payment on 20th
_____ E-transfer _____ Credit Card

If you wish to pay VIA credit card, and would like it to put it on file, please fill out the following and include a payment plan below with specified dates and amounts:

Visa or MC # _____ exp. date _____ Security code: _____ (3- or 4-digit code)

Signature: _____ Date to Pull Monthly: _____

Amount: _____