



BOSWELL DANCE ACADEMY

APPLICATION FOR ENROLLMENT 2025-2026

I, (the undersigned) have read and hereby AGREE to the terms and regulations as stated in the Academy's brochure for the duration of this enrollment year.

FAMILY Name: _____

Student 1: _____ Date of Birth D____M____Y_____

Student 2: _____ Date of Birth D____M____Y_____

Student 3: _____ Date of Birth D____M____Y_____

Address _____

Postal Code _____ Email _____

Tel. _____ Cell. _____

Parents Names: _____

2nd Contact tel: _____

Signature of Parent/Guardian _____

For Office Use Only

Reg. Fee \$ _____ Chq# _____

QP: \$ _____ + \$ _____ GST = \$ _____

Q1 _____ Chq# _____

Q2 _____ Chq# _____

Q3 _____ Chq# _____

Q4 _____ Chq# _____

MP: \$ _____ + \$ _____ GST = \$ _____

Sep _____ # _____ Feb _____ # _____

Oct _____ # _____ Mar _____ # _____

Nov _____ # _____ Apr _____ # _____

Dec _____ # _____ May _____ # _____

Jan _____ # _____ Jun _____ # _____

PROGRAMS/CLASSES:

Student 1 _____ Hrs

Student 2 _____ Hrs

Student 3 _____ Hrs

For Office Use Only

COSTUMES:

Deposit _____ Remaining Balance _____

\$ _____ Chq# _____ \$ _____ Chq# _____

\$ _____ Chq# _____ \$ _____ Chq# _____

RAD EXAMINATIONS:

S1 Grade Level: _____ \$ _____ Chq# _____

S2 Grade Level: _____ \$ _____ Chq# _____

S3 Grade Level: _____ \$ _____ Chq# _____

COMPETITIVE FEES

MINI / JR / INT / SR

Groups: _____ BL / JZ / LR / HH / TP / MO / ST / AC

Group Entry Fees Total: \$ _____ (Deposit \$ _____)

\$ _____ Chq# _____ \$ _____ Chq# _____

No. of Solos _____ / Duo _____ / Trio _____

S/D/T Coaching Fee: \$ _____ Chq# _____

COMPETITIVE FEES

MINI / JR / INT / SR

Groups: _____ BL / JZ / LR / HH / TP / MO / ST / AC

Group Entry Fees Total: \$ _____ (Deposit \$ _____)

\$ _____ Chq# _____ \$ _____ Chq# _____

No. of Solos _____ / Duo _____ / Trio _____

S/D/T Coaching Fee: \$ _____ Chq# _____

*ACTIVITY WAIVER & PUBLICITY RELEASE

I, the signing parent recognize that dance classes require physical movements which may be strenuous and may cause physical injury. I am aware of this risk when registering my child and release Boswell Dance Academy and its faculty staff from any liability of injury that may occur as a result of participating in class activities.

I understand and provide permission that dance photos/video footage of the student/s enrolled above may be used in studio related media/email notices/program publication.

Signature of Parent/Guardian: _____