



BOSWELL DANCE ACADEMY

APPLICATION FOR ENROLLMENT 2026-2027

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

Parents Names: _____

Tel. _____ Cell. _____

Parent Email: _____

2nd or Student Email: _____

Signature of Parent/Guardian: _____

For Office Use Only

Reg. Fees \$ _____ Cash / Chq / ET

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

Q1 _____ pd _____ Cash / Chq / ET

Q2 _____ pd _____ Cash / Chq / ET

Q3 _____ pd _____ Cash / Chq / ET

Q4 _____ pd _____ Cash / Chq / ET

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

Sep _____ / _____ Feb _____ / _____

Oct _____ / _____ Mar _____ / _____

Nov _____ / _____ Apr _____ / _____

Dec _____ / _____ May _____ / _____

Jan _____ / _____ June _____ / _____

PROGRAMS/CLASSES:

Student 1 _____ Hrs

Student 2 _____ Hrs

Student 3 _____ Hrs

For Office Use Only

COSTUMES: Total: \$ _____ (Deposit \$ _____)

Pd \$ _____ Chq/ ET Balance: \$ _____ Chq/ ET

RAD EXAMINATIONS:

S1 Grade Level: _____ \$ _____ Cash / Chq / ET

S2 Grade Level: _____ \$ _____ Cash / Chq / ET

S3 Grade Level: _____ \$ _____ Cash / Chq / ET

S1 COMPETITIVE FEES Contract Signed _____

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

Pd \$ _____ Chq/ ET Balance: \$ _____ Chq/ ET

No. of Solos _____ / Duo _____ / Trio _____

S/D/T Coaching Fees: \$ _____ Chq/ ET

S2 COMPETITIVE FEES Contract Signed _____

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

Pd \$ _____ Chq/ ET Balance: \$ _____ Chq/ ET

No. of Solos _____ / Duo _____ / Trio _____

S/D/T Coaching Fees: \$ _____ Chq/ ET

S3 COMPETITIVE FEES Contract Signed _____

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

Pd \$ _____ Chq/ ET Balance: \$ _____ Chq/ ET

S/D/T Coaching Fees: \$ _____ Chq/ ET

*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: _____