



22705—8th Avenue, Hillcrest, AB
Phone: 403 562-7730 Studio: 403-328-2365 Cell: 403-330-7699
email: tpdscnp5@gmail.com Facebook: TurningPointeDanceStudioCrowsnest
Website: www.turningpointedance.ca

Registration Form for PINCHER CREEK Sessional classes September-December 2017

Student Name: _____
Birthday (d/m/y): _____ Age: _____
Mailing Address: _____
Home Phone: _____ Email Address: _____
Mother's Name: _____ Cell #: _____
Father's Name: _____ Cell #: _____
Heath Concerns: _____ AB Health Care #: _____

Miss Katrina Mondays

- _____ 3:15 Mom & Tot (18 months to 3 years of age)
- _____ 4:00 Tinytots (3-4 year olds)
- _____ 4:45 Kindercombo (5-6 year olds)
- _____ 5:30 Primary/Grade 1 Ballet (7-9 year olds)
- _____ 6:15 Jazz/Hip Hop Combo (6-9 years old)
- _____ 7:00 Beginner Acro (6+ years old)
- _____ 7:45 Try-All Combo Ages 10+ (Ballet, Jazz, Hip Hop, Acro)
- _____ 8:30 Adult Jazz/Hip Hop Combo
- _____ 9:15 DONE

Classes will take place on Mondays commencing on Monday, September 18th.
Classes will run consecutively until December 11th. No classes on October 9th due to
Thanksgiving. This is a 12-week session.

PAYMENT (\$175): _____
Cash, Cheque, VISA, MC

I understand that Turning Pointe Dance Studio, its employees and volunteers are not responsible for injury due to neither accident nor property loss. I know that the Lebel Mansion is not responsible due to injury. I know that upon withdrawal from classes, registration fees, fees are non-refundable. There will be no refund given after session has started. I realize that all fees (full or post-dated) must be into the studio prior to the first lesson of the season.

Parent Signature: _____ Date: _____