

**DanceWest Studios**

#3 12372 84 Ave.  
Surrey, BC V3W0J5  
604-591-5753

**2026-2027**

**Recreational Program**

**Dancer's Name** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Preferred pronouns:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Parents / Guardians names:** \_\_\_\_\_ **Cell#** \_\_\_\_\_

\_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent's emails:** \_\_\_\_\_

**Dancer's Cell:** \_\_\_\_\_ **Dancer's Email:** \_\_\_\_\_

**Emergency Contact (Not parents):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Care Card #** \_\_\_\_\_

**Any known health issues / allergies:** \_\_\_\_\_

**How did you hear about us:** \_\_\_\_\_

**Waiver of Liability:**

I hereby acknowledge that there are risks inherent in dance, in my child's participation in this program at DanceWest Studios, and our attendance and use of the DanceWest Studios facilities. Having acknowledged these inherent risks, I agree to hold harmless DanceWest Studios, and their employees from any and all liability for personal injury to myself or my child(ren) howsoever caused, arising out of or in any way related to their participation in or attendance at DanceWest Studios 2026/2027 dance classes.

DanceWest Studios hereby agrees to make every reasonable effort to protect all personal information provided to it regarding its students, including, but not limited, to their names, addresses, telephone numbers and any financial information. I hereby agree to hold harmless DanceWest Studios from any and all liability related to any unintentional breach of their security regarding my personal information.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby grant permission for any photos of my child to be used for advertising purposes.**

**Yes / No**

**2026/2027  
Recreational Program**

Student's Name: \_\_\_\_\_

	Day	Class	Time	Total Hrs.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

\*\*\*\*\*

**(Office Use Only - Do not complete this area)**

**COSTUME DEPOSIT**  
(Due October 15)

**Female Costumes:**

Rec Class \_\_\_\_\_ X \$100 \_\_\_\_\_  
( \$20 per winter, \$80 per June)

Combo Class \_\_\_\_\_ X \$180 \_\_\_\_\_  
( \$20 for Winter, \$80x2 for June)

**Male/ Non-Binary Costumes:**

Rec Class \_\_\_\_\_ X \$80 \_\_\_\_\_

**Total Deposit** \$ \_\_\_\_\_  
(These are a deposit and a balance may be due in May)

**Monthly Tuition**

**Total Hours:** \_\_\_\_\_

**Base Tuition** \_\_\_\_\_

**Discount %** \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

**Sept/June\* :** \$ \_\_\_\_\_  
\*non-refundable once classes begin

Registration fee: \$ \_\_\_\_\_  
Due at time of registration (\*Non-refundable)  
**\$60 per dancer / \$80 per family / (\$20 for waitlist)**  
(Includes videos of December & June recitals)

Office Use only

R.F ( ) LW ( ) CD ( ) CF ( )

Sept / June ( )

PDC ( ) CC ( )

PS ( )

# Studio Policies

## Read and initial each policy:

- 1) Registration fees must be paid at time of registration. Payment options include cash, cheque, e-transfer or debit. Registration fees are NON-REFUNDABLE, no exceptions.

Initials \_\_\_\_\_

- 2) All tuition arrangements must be provided within 7 days of confirmation of class enrolment. **Your first and last month tuition payment is NON-REFUNDABLE once classes commence.**

Initials \_\_\_\_\_

- 3) Monthly payments are to be made by direct deposit, or pre-authorized credit card payments. All payments must be made by the 5<sup>th</sup> of each month. Failure to do so will result in a \$10 penalty, NO exceptions. NSF Payments will have a \$15 charge added to their account.

Initials: \_\_\_\_\_

- 4) DanceWest will supply the dates for all recital performances by August 1 of the current dance year. I agree that I/My child will participate in all recitals unless there is a serious injury or health issue. A doctor's note must be provided in these situations. In the case of conflicts for any recital date, the studio must be notified, in writing, by November 1 of the current year. In the case in which costumes have already been ordered, the family is responsible for all costs.

Initials: \_\_\_\_\_

- 5) **A request to withdraw from any class must be received, IN WRITING, no later than Oct 30, 2025.** An email and/or phone call are not acceptable methods of withdrawing. Failure to follow this policy will result in the family being responsible for all remaining tuition charges. Exception to this policy is serious illness or injury in which a doctor states the dancer must stop dancing. A note from the doctor describing injury or illness is required. If a withdrawal is requested after the first of a month, tuition is due for that month.

Initials: \_\_\_\_\_

- 6) I understand that attendance of each class is expected. Should my child miss more than 4 classes I understand that they can be removed from some, or all, of the performance choreography.

Initials: \_\_\_\_\_

- 7) In the case of a withdrawal, in which a costume has already been ordered, the family is responsible for all fees associated with the costume. Once the costume arrives the family will be given the unaltered costume.

Initials: \_\_\_\_\_

- 8) All choreography is viewed as the sole property of DanceWest and its staff. Filming of choreography for rehearsal purposes is encouraged, however no portion of our choreography may be posted on any social media site without our permission.

Initials: \_\_\_\_\_

- 9) In the event of an unforeseen, extended, closure of the studio, DW commits to quickly, and securely, setting up virtual classes for dancers to attend. Dancers commit to regularly attending the classes they are registered for. Teachers will continue to provide choreography material, and skill development, during this closure with the final outcome being a return to the studio, and participation in our scheduled recitals. Tuition will not be discounted, or discontinued during such closures, as all classes will be offered to our recreational dancers. DW commits to returning to in-studio classes as soon as we are able.

Initials: \_\_\_\_\_

## Registration Check List

The following forms and payments must be provided for your registration to be finalized. Your child's spot in a class IS NOT secured until all forms, and payments are provided. Failure to follow this policy can result in the loss of the dancer's spot in their class, or classes.

- 1) Registration Form completed \_\_\_\_\_
- 2) Waiver signed \_\_\_\_\_
- 3) Studio Policies read & initialed \_\_\_\_\_
- 4) Form of payments indicated \_\_\_\_\_

### Payments:

Please indicate which form of payment you are going to use for each item. Total fees will be calculated and emailed to you.

#### 1) Monthly Tuition (Choose one option)

Methods of acceptable payments:

A) Direct Deposit: (Occurs the 1<sup>st</sup> of each month. On rare occasions we can set up your payments to occur on the 15<sup>th</sup> of the month.

- a) August through May \_\_\_\_\_ (This is 10 equal payments)  
b) Sept through May \_\_\_\_\_ (First payment includes Sept & June Tuition)

B) Pre-Authorized Credit card. 3% processing fee added to each transaction (Occurs the 1<sup>st</sup> of each month)

- a) August through May \_\_\_\_\_ (This is 10 equal payments)  
b) Sept thru May \_\_\_\_\_ (First payment includes Sep & June Tuition)

#### 2) Costume Deposit:

Methods of acceptable payment:

- A) Direct Debit \_\_\_\_\_ (Full balance of costume deposit paid on Oct 15)  
B) Added to monthly tuition \_\_\_\_\_ (100% to be paid by Nov 1)  
C) Credit Card \_\_\_\_\_ (3% fee added to costume deposit total – will be charged on Oct 15)

**\*\*DanceWest cannot be expected to cover the competition, or costume, fees for a dancer over extended periods of time. If you need to work out some form of payment plan, this must be discussed with the director prior to the start of the season.**

**FILL OUT AND SIGN EITHER THE DIRECT DEBIT OR CREDIT CARD AGREEMENT FORMS.  
WE WILL FILL IN THE MONETARY AMOUNTS AND EMAIL YOU THIS INFORMATION WITH YOUR  
REGISTRATION CONFIRMATION.**

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## Direct Debit Agreement Form

### Authorization Agreement

**\*\*The office will fill out all the financial information and email it to you. Please just sign the form and assure we have the appropriate account information.**

I hereby authorize DanceWest Studios to initiate automatic debits from my account at the financial institution associated with the attached void cheque, or financial direct deposit form.

Further, I agree to not hold DanceWest Studios responsible for any delay, or corresponding fees associated with these debits due to incorrect or incomplete information supplied by me, or the lack of appropriate funds in the account provided.

I agree to pay any fees charged to DanceWest Studios, by either their financial institution, or mine, should my account not have the adequate funds available at the time of the transaction.

I agree to the amount listed below being debited from my account on, or around, the 1st of each month beginning

\_\_\_\_\_ 1, 202\_\_ ending in \_\_\_\_ 1, 202\_\_ / \_\_\_\_\_ 1, 202\_\_ ending \_\_\_\_ 1, 202\_

Debit amount: \$ \_\_\_\_\_

Debit amount: \$ \_\_\_\_\_

### Additional Agreements

On \_\_\_\_\_ 15, 202\_ I agree to the following amount being debited from the account provided for costumes.

\$ \_\_\_\_\_

On November 15, 202\_ I agree to the following amount being debited from the account provided for competition fees.

\$ \_\_\_\_\_

On \_\_\_\_\_ I agree to the following amount being debited from the account

provided \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Name**

**Date** \_\_\_\_\_

Institution \_\_\_\_\_

Institution Number \_\_\_\_\_

Transit Number \_\_\_\_\_

Acct Number \_\_\_\_\_

Name on Acct: \_\_\_\_\_

# CREDIT CARD AUTHORIZATION FORM ONE TIME & REPEAT PAYMENTS

## CARDHOLDER INFORMATION

(To be filled out each year, even if your information is currently online)

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## PAYMENT INFORMATION (OFFICE USE ONLY- DO NOT FILL OUT)

Authorized one-time charge against my credit card for the amount \$ \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized one-time charge against my credit card for the amount \$ \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized one-time charge against my credit card for the amount \$ \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I authorize a recurring charge against my credit card for the following amount \$ \_\_\_\_\_ Once

every 1<sup>st</sup> day of the month beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and ending on  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa

Number: \_\_\_\_\_

Exp Month: \_\_\_\_\_ Exp Year: \_\_\_\_\_ CVV: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **DanceWest Studios** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected for any reason I understand that **DanceWest Studios** will attempt to process the charge again within 30 days, and agree to a **\$20.00** charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.