

Academy of Ballet Wauconda
 105 South Main Street
 Wauconda, IL. 60084
 DanceWauconda.com
 (847) 487-4700

Registration Form Fall/Winter 2018
 Session runs from Sept. 4th through January 14

Family Last Name: _____
 Parent or Guardian Name: _____
 Address: _____
 City: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Student #1 Name: _____ Birth Date: _____ Age: _____
 Student #2 Name: _____ Birth Date: _____ Age: _____
 Student #3 Name: _____ Birth Date: _____ Age: _____

Medical Needs: _____

Classes you are Registering for:

Student #	Class	Day & Time	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Discount if applicable: _____
TOTAL DUE: _____

If you are not paying in full, we will need a credit card and signature on file or post dated checks. Please choose payment method you would like to use below:

- Paid in full at time of registration.
- Paid \$100 deposit **per class** with registration. Please charge balance on October 15, 2018.

Check # used for deposit: _____

Payment Method: We accept Checks, Visa, Master Card, Discover and Cash. Please do not mail Cash.

All Balances Must Be Paid In Full By September 1, 2018.

Credit card and signature on file to be charged 10/15/18

Visa _____ Discover _____ Master Card _____
C.C. # _____ **Sec. Code:** _____ **Exp. Date** _____

* Returned checks are subject to NSF fee of \$25 paid to Academy of ballet Wauconda.

Signature for File: _____

office use only

 Date Paid: _____ Total Tuition Due: _____ Amount Paid: _____
 Tuition Paid in Full: _____ Deposit: _____ Open Balance: _____
 Rec'd By: _____ Post Dated Check #: _____