

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

**Registration Form Winter/Spring 2019**  
 Session runs from January 15 through June 1st 2019

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: \_\_\_\_\_ Costume Option

*Classes you are Registering for:*

Student #	Class	Day & Time	Tuition	Option X \$50
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Discount if applicable: \_\_\_\_\_  
**TOTAL DUE:** \_\_\_\_\_

**NEW COSTUME OFFER: PAY FOR RECITAL COSTUMES WITH REGISTRATION IN FULL BY 1/19 AND SAVE \$10.00 to \$15.00 ON EACH COSTUME...**

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 February 15, 2019.

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

All Balances Must Be Paid In Full By March 1, 2019 to dance in recital.

**Credit card and signature on file to be charged 02/15/19**

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

\* Returned checks are subject to NSF fee of \$35 paid to Academy of Ballet Wauconda.

**Waiver of Liability**

I understand and acknowledge that a participant may incur personal or bodily harm while participating in Dance-related activities, including but not limited to activities described as running, jumping, etc. By signing this agreement, on behalf of minors listed above, I assume all risks inherent in these activities and accept full financial responsibility for any and all damages or injuries.

Legal Guardian Signature: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Total Tuition Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
 Rec'd By: \_\_\_\_\_ Post Dated Check #: \_\_\_\_\_ Open Balance: \_\_\_\_\_