

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

**Registration Form Fall/Winter 2020**  
 Session runs Sept. 8th through Jan. 11th 2021

**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:*

<b>Student #</b>	<b>Class</b>	<b>Day &amp; Time</b>	<b>Tuition</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 10, 2021.

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

**Credit card and signature on file to be charged 10/10/2021**

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: \_\_\_\_\_