

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

Registration Form Winter/Spring 2021
 Session runs Sept. 8th through May 31st 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:

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 March 1st 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: _____