

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

**Registration Form Fall/Winter 2024**  
 Session runs Sept. 3rd 2024 through Jan. 13th 2025

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 8th 2024.

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

\*\*\*All outstanding balances as of 010/25/24 will incur weekly \$10 late fee.

**Credit card and signature on file to be charged 10/08/2024**

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: \_\_\_\_\_

For Office Use Only:

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