

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

Registration Form Fall/Winter 2026
Session runs through Sept. 8th through Jan.11th

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, 2026.

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

***All outstanding balances as of 10/23/26 will incur weekly \$10 late fee.

Credit card and signature on file to be charged 10/15/2026

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: _____