

DANCE ACADEMY OF LIBERTYVILLE

FALL 2008

CLASS REGISTRATION FORM

LAST NAME: _____ PHONE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

Please sign below indicating your acceptance of the terms & conditions outlined in our brochure:

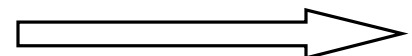
Signature: _____

PAYMENT: Please refer to Page 8 of the brochure for class tuition and payment options.

STUDENT # 1 NAME:			
	1 ST Choice Class Name/Day/Time Example: Ballet 6/Tues/5:45	2 nd Choice Class Name/Day/Time Example: Jazz 5/Wed/7:15	Tuition
1			
2			
3			
4			
5			
6			
7			
8			
		TOTAL TUITION	
	Subtract	10% discount for 2 or more classes per student	
		SUBTOTAL	
	OR	Unlimited Option (if applicable)	
		TOTAL STUDENT #1	

STUDENT # 2 NAME:			
	1 ST Choice Class Name/Day/Time Example: Ballet 6/Tues/5:45	2 nd Choice Class Name/Day/Time Example: Jazz 5/Wed/7:15	Tuition
1			
2			
3			
4			
5			
6			
7			
8			
		TOTAL TUITION	
	Subtract	10% discount for 2 or more classes per student	
		SUBTOTAL	
	OR	Unlimited Option (if applicable)	
		TOTAL STUDENT #2	

PLEASE COMPLETE REVERSE SIDE OF THIS FORM



FALL 2008 REGISTRATION PROCEDURE

CURRENT STUDENTS

ALL REGISTRATION WILL BE DONE ON A MAIL-IN/DROP OFF/FAX BASIS.

Full or Half-payment must be included with registration. Payment may be made by check (Dance Academy of Libertyville) or credit card (VISA, MASTERCARD, DISCOVER).

- Ø Registration will be accepted beginning ***immediately***. All registrations received by June 20th, will be processed in the **first lottery drawing on June 21, 2008**.
- Ø After that each day's drop offs/mail-ins will be processed as dropped off.
- Ø Confirmations will be e-mailed home and phone calls will be made to any students who do not receive their first choice.
- Ø If you do not receive a phone call by ***July 7, 2008***, you may assume that you have been placed in all of your first choice classes.
- Ø If you do not list a second choice and a class closes, you will be wait-listed and called.

NEW STUDENT REGISTRATION

Registration for new students will begin on ***July 7, 2008***.

Registration may be dropped off, mailed or faxed (847-247-4321).

If a new student is unsure of Level, please call the office at (847-247-1327). We will recommend a level based on age and level of experience. This level will be subject to change once classes begin.

New Students Only-Please complete the information below:

Student Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Parents/Guardian Names: _____

Home Phone: _____ **Cell Phone:** _____

E Mail Address: _____

Emergency Contact: _____

How did you hear about us? _____

PAYMENT SUMMARY

Please transfer amounts from reverse side:

FULL PAYMENT OPTION		HALF PAYMENT OPTION*	
Total Student #1		Total Student #1	
Total Student #2		Total Student #2	
Total Payment		Total Payment	
OR		OR	
Family Unlimited		Family Unlimited	
		1/2 Payment	
Amount Enclosed		+ \$25 Registration Fee	
		Amount Enclosed	
		Balance due Nov 1 st *	

*Half payment option requires tuition balance to be automatically charged to your credit or debit card on November 1st. Credit or debit card information must be included below.

For Credit Card Payments:

Visa/Mastercard/Discover #: _____ Exp Date: _____

V-Code (last 3 digits on back of card): _____

Credit Card Signature: _____

OFFICE PAYMENT RECORD

Date	Amount of Payment	Cash/Check #	Credit Card Approval	Balance

Office Notes: _____
