## DANCE ACADEMY OF LIBERTYVILLE

Last Name:Primary Phone:		Parent's First Names:		
		Alternate Phone:		
Ema	nil:			
Email:Address:		City	Zip:	
Eme	ergency Contact:	·		
How	did you hear about us?			
		nce of the terms & payment policies	outlined below.*	
<u>Con</u>	tact our office if you have quest	ions regarding this.		
Cian	acture.			
Sign	iature:			
	First Name:	Last: [	D.O.B.:	
	1 <sup>ST</sup> Choice	2 <sup>nd</sup> Choice	Tuition	
	Class Name/Day/Time	Class Name/Day/Time		
	Example: Ballet 6/Tues/5:45	Example: Jazz 5/Wed/7:15		
1				
2				
3				
4				
5				
6				
7				
8				
		TOTAL THITION		

student

**SUBTOTAL** 

Unlimited Option (if applicable)

**TOTAL STUDENT #1** 

10% discount for 2 or more classes per

Absolutely no refunds will be issued:

Fall Semester: After August 4, 2018 Spring Semester: after January 11, 2019

- Medical/Injury credits will be given if injury/medical exceeds two weeks and is accompanied by a doctors note. The credit will be applied to the next semester's tuition only.
- Registration received after July 23 will have a \$25 family registration fee applied.

Subtract

OR

<sup>\*</sup>Tuition is paid by the semester and is due with registration. In the case of late registration for the semester, tuition will be pro-rated for the remainder of the semester.

		ast: D.O.B.:	
	1 <sup>st</sup> Choice Class Name/Day/Time Example: Ballet 6/Tues/5:45	2 <sup>nd</sup> Choice Class Name/Day/Time Example: Jazz 5/Wed/7:15	Tuition
1			
2			
3			
4			
5			
6			
		TOTAL TUITION	
	Subtract	10% discount for 2 or more classes per student	
		SUBTOTAL	
	OR	Unlimited Option (if applicable)	
		TOTAL STUDENT #2	

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
After July 23, + \$25 Registration Fee	+ \$25 Processing Fee
	After July 23, +\$25 Registration Fee
Amount Enclosed	Amount Enclosed

\*Half payment option requires tuition balance to be automatically charged to your credit or debit card. <u>Credit or debit card information must be included below.</u>

Visa/Mastercard/Discover #:			
Exp Date:			
Credit Card Signature:			