## DANCE ACADEMY OF LIBERTYVILLE

Last Name:	Parent's First Names:		
Primary Phone:	Alternate Phone:		
Email:			
Address:	City	Zip:	
Emergency Contact:	-	·	
How did you hear about us?			

## <u>Please sign indicating your acceptance of the terms & payment policies outlined below.\*</u> <u>Contact our office if you have questions regarding this.</u>

## Signature:\_\_\_\_\_

	First Name: Las	st: D.O.E	B.:
	1 <sup>s⊤</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			
7			
8			
		TOTAL TUITION	
	Subtract	10% discount for 2 or more classes per student	
		SUBTOTAL	
	OR	Unlimited Option (if applicable)	
		TOTAL STUDENT #1	

\*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.

- Absolutely no refunds will be issued: Fall Semester: After August 31, 2017 Spring Semester: after January 12, 2018
- 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 August 1st will have a \$25 family registration fee applied.

	First Name:	Last: 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 August 1, + \$25 Registration Fee	+ \$25 Processing Fee
	After August 1, +\$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:	