

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? _____

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

Signature: _____

	First Name:	Last:	D.O.B.:
	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	

*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 1, 2019
Spring Semester: after January 10, 2020
- 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 22 will have a \$30 family registration fee applied.

	First Name:	Last:	D.O.B.:
	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			
			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	
		½ Payment	
After July 22, + \$30 Registration Fee		+ \$25 Processing Fee	
		After July 22, +\$30Registration Fee	
Amount Enclosed		Amount Enclosed	

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

Visa/Mastercard/Discover #: _____

Exp Date: _____

Credit Card Signature: _____