

ILLINOIS DANCE CONSERVATORY
STUDENT REGISTRATION – 2019/2020

STUDENT INFORMATION (PLEASE PRINT)

DATE of REGISTRATION: ___/___/___

___ RETURNING STUDENT ___ NEW STUDENT

REGISTRATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS	CITY/STATE	ZIP CODE
CURRENT AGE	BIRTHDATE	GRADE LEVEL

PARENT INFORMATION (PLEASE PRINT)

INFORMATION ON FILE IS CORRECT

PARENT/GUARDIAN NAME	CELL PHONE NUMBER	HOME/WORK PHONE NUMBER
PARENT/GUARDIAN NAME	CELL PHONE NUMBER	HOME/WORK PHONE NUMBER

IDC COMMUNICATES VIA EMAIL - PLEASE MAKE SURE YOUR EMAIL ADDRESS IS ACCURATE AND PRINTED CLEARLY.

Primary Email _____	Secondary Email: _____
CONTACT EMAIL ADDRESSES	

MEDICAL & ALLERGY INFORMATION

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS THAT MAY BE PERTINENT TO HIS/HER AFFILIATION AT IDC?

YES (PLEASE LIST) _____

MEDICATIONS MY CHILD TAKES FOR ABOVE CONDITIONS: _____

NO MEDICAL CONDITIONS. PLEASE INITIAL HERE: _____

PRIOR DANCE EXPERIENCE

HAVE YOU STUDIED DANCE PREVIOUSLY? YES _____ NO _____ IF YES, WHERE? _____

IF YES, PLEASE LIST DANCE STYLES AND NUMBER OF YEARS: _____

HOW DID YOU HEAR ABOUT ILLINOIS DANCE CONSERVATORY?

Post Card _____ Poster _____ FLYER/BROCHURE _____ WEBSITE _____

WEB SEARCH _____ FACEBOOK _____ FAMILY/FRIEND: _____

OTHER: _____

FOR MAILING REGISTRATIONS ONLY

Illinois Dance Conservatory - 1251 N Old Rand Road, Wauconda, IL 60084 Payment accepted by Visa, MasterCard, American Express, Discover, cash, or check.				
Account Number	Exp. Date	CVVS#	Authorized Signature	Date

ILLINOIS DANCE CONSERVATORY PARENT/ STUDENT CONTRACT – 2019/2020

A LA CARTE
 INDIVIDUAL PROGRAM/PACKAGE
 FAMILY PLAN

CLASS or Package Selection	DAY	TIME	SESSION COST OR FULL SEASON COST

Payment Details:

Financing Option Requested
 Financial Agreement on file?
 #Months Requested: x ____ mo.

_____ OR _____

Paid in Full at time of registration

TOTAL COST	
Annual Registration Fee \$20/dancer	
YEAR TOTAL	

No refunds or credits will be allowed after the 1st day of student scheduled classes. - NO EXCEPTIONS -

My signature below signifies that I have read and agree to the IDC Payment & Refund/Credit Policies!

Parent/Guardian Signature _____ Date _____