Dancenter North • 540 N Milwaukee Ave • Libertyville, IL 60048

847•367•7970 www.dancenter-north.com

REGISTRATION PROCEDURE! WALK-IN REGISTRATIONS ONLY will be accepted on Saturday, August 7, 2010 9:00 am - 3:00 p.m.

Registrations received prior to August 7, 2010 will not be processed until Monday, August 9, 2010 or until walk-in registration is completed.

Student First Name/Last Name
(fill out a separate form for each student)

Male	Female	Adult

Date of Birth _____ Age _____

School Attending _____ Grade Fall 2010 _____

Is there anything we should know about your child that could affect their dance training?
(ie: allergies, special needs, etc)

NEW STUDENT YES/NO RETURNING STUDENT 2009/10 YES/NO

CLASS	DAY	TIME	PRICE
		SUBTOTAL	
		10% DISCOUNT AMT.	
		CARTE BLANCHE AMT./FAMILY CARTE BLANCHE AMT.	
		$10 REG. FEE / $20 REG. FEE FOR PYMT. PLAN OR **AFTER 8/28/10**	**$10 / $20**
		TOTAL DUE	

Responsible Billing Party - Parent/Guardian

Address _____

City/Zip _____

Home # _____

Cell/Emergency # _____

Email Address _____

I hereby release Dancenter North and Cheri's Dance Arts, Inc. its agents and employees from all liability for personal injury, illness or property damage occurring on or off the school's premises. I have read the registration information and understand the School's policies as outlined. I certify that my student is in good health and capable of participating in all school activities and classes. I hereby give permission for DCN to take photographs for promotional uses for the school.

I understand that tuition is non-refundable and that enrollment is accepted only when the fully completed registration form(s) are received.

Parent/Guardian Signature _____

Date _____

VISA/MC _____

Exp. Date _____ V. Code _____

Signature _____

I hereby give DCN permission to debit my account for the 2nd installment during the 8th week of the semester. A $20.00 fee will be added for any 2nd payment that is declined.

Notes: OFFICE USE ONLY

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Date _____ Receipt # _____

Cash _____ Check # _____

AP# _____ REF # _____

TOTAL PAID _____

BALANCE DUE _____