

WISC DANCE ACADEMY CLASS REGISTRATION FORM - TERM 5

Name of Parent or Guardian: _____

Participant's Name: _____

Date Submitted: _____

Program Policy: All deposits, registration fees, and program fees are non-refundable and non-transferable. No credits will be given unless unusual circumstances/emergencies occur. To be considered for a credit, all requests must be made in writing with the required documentation attached. All requests will be handled on an individual basis and are subject to approval by WISC Management. If you or your child are removed from a WISC program/event due to safety/disciplinary reasons, there will be no credit or refund issued.

I have read and agree to the WISC Program Policy: _____

Date: _____

Staff Initials: _____

WISC Dance Academy Classes with Family Pricing

Classes/Week	Facility Members	Non-Members
1 Class	\$35	\$70
2 Classes	\$65	\$130
3 Classes	\$90	\$180
4 Classes	\$110	\$220
5 Classes	\$125	\$250
6 Classes	\$135	\$270

Dance Academy Class Offerings

<input type="checkbox"/>	<u>Monday</u>		<input type="checkbox"/>	<u>Thursday</u>	
<input type="checkbox"/>	Tap III Academy	5:00pm - 6:00pm	<input type="checkbox"/>	Jazz I / II Academy	6:30pm - 7:30pm
<input type="checkbox"/>	Ballet III Academy	6:00pm - 7:00pm	<input type="checkbox"/>	Ballet I / II Academy	5:30pm - 6:30pm
			<input type="checkbox"/>	Academy Workshop	7:00pm - 8:00pm
<input type="checkbox"/>	<u>Tuesday</u>		<input type="checkbox"/>	<u>Saturday</u>	
<input type="checkbox"/>	Contem. III Academy	6:00pm - 7:00pm	<input type="checkbox"/>	Beginning Jazz Academy	11:30am - 12:30p
<input type="checkbox"/>	Jazz III Academy	7:00pm - 8:00pm	<input type="checkbox"/>	Beginning Ballet Academy	12:30pm - 1:30pm
			<input type="checkbox"/>	Beginning Tap Academy	1:30pm - 2:15pm
<input type="checkbox"/>	<u>Wednesday</u>				
<input type="checkbox"/>	Intermediate Tap Academy	4:45pm - 5:30pm			
<input type="checkbox"/>	Intermediate Ballet Academy	5:30pm - 6:30pm			
<input type="checkbox"/>	Intermediate Jazz Academy	6:30pm - 7:30pm			

Office Use Only	
Payment Type (Circle)	
Cash	
Credit	Batch #
Check #	
Payment Date:	
Payment Amount:	
Staff Initials:	
Waiver on File:	Yes No
(If No, Waiver Must Be Filled Out and Attached)	