

The Walter Schalk School of Dance
DARIEN Registration Form 2017-18

Office Use Only

Check # _____ Amt. _____ Rec'd _____

1) Parent/Account Information:

Billing Name _____

Home Address _____

Town _____ State ____ Zip _____

Phone _____

E-Mail _____

Mother's Name _____

Father's Name _____

2) Student Information:

*Please complete a separate form for each child
Additional forms available at www.WalterSchalk.com*

Name _____

Age _____ Date of Birth _____ (circle one) M / F

School _____ Grade _____

Returning student? Y / N

If yes, number of years in the Walter Schalk program: _____

List siblings also enrolling in WSSD for 2017/2018:

Name _____ Grade _____

Name _____ Grade _____

3) Class Registration:

Please check off class type and list below

Jazz/Hip-Hop (MONDAYS)

Jazz/Hip-Hop (TUESDAYS)

Ballroom

Musical Theatre

Class Name

Day/Time

1) _____

2) _____

4) Deposit:

A **\$50.00 deposit per class/per child** is required for registration.
Please mail form along with your deposit check to:

The Walter Schalk School of Dance
P.O. Box 272, Wilton, CT 06897

For more information or to sign up for a payment plan call 203-762-7508.

Parent Signature

Date