

Darien Registration Form 2008

(one per child)

Office Use Only

Check # _____ Amt. _____ Rec'd _____

Parent/Account Information:

Billing Name _____

Home Address _____

Town _____ State _____ Zip _____

Phone _____

E-Mail _____

Mother's Name _____

Father's Name _____

Ballroom Parents: Would you chaperone for ballroom parties? Y / N

Student Information:

Name _____ (circle one) M / F

Age _____ DOB _____ School _____ Grade _____

Please indicate number of years at the Walter Schalk School of Dance:

Creative Tots _____ Kinder Kids _____ Tap _____ Ballet _____

Jazz _____ Ballroom _____ Boy-Girl Musical Comedy _____

Medicial Conditions: Y / N (please specify) _____

Class Registration:

Class _____ Day & Time _____

1) _____

2) _____

3) _____

Siblings also enrolling in dance school for 2008-09:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

A **\$50.00 deposit per class/per child** is required upon registration. The Balance of the tuition is due October 15, 2008. You may deduct \$25.00 from the tuition of your second and third child enrolled in the same year. Your fourth child's tuition is 50% off.

Please detach this application and send along with your deposit to:

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

For more information and/or **scholarship application** call 203-762-7508

Parent Signature _____

Date _____
