

# Wilton 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 \_\_\_\_\_

\_\_\_\_\_