
2019-2020

PLEASE PRINT AND DETACH

2010 2020									
Class Name	Class Day	Class Time	Class Length	Student's Name		AGE	Birth Date: Mo./Day/Yr.	School Name	Grade Sept. 2019
*(1 st)									
*(2 nd)									
				and/or Kindergarten de				class choice is full. T accompany registration	
PAYMENT METHOD (circle)								ervations not accepted (2019-2020)	<u> </u>
CARD # 3 Digit Code:									
NAME ON CARD: EXP. 0									
Signature:									
I do hereby fully release and discharge Jo's Footwork Studio, its officers, agents, servants and employee and the Village of Western Springs, its Recreation Department and their officers, agents, servants and employees from any and all claims from injuries, damage or loss which I (or dependents under 18 years of age) may have or which may accrue to me (or dependents) on account of my (their) participation in the above Jo's Footwork Studio sponsored activities. I further agree to indemnify and hold harmless and defend Jo's Footwork Studio, its officers, agents, servants and employees and the Village of Western Springs, its Recreation Department and their officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me (or dependents under 18 years of age) and arising out of, connected with, or in any way associated with these activities sponsored by Jo's Footwork Studio. 2019/2020. I also grant permission to use my/my child's picture/image on the website and/or advertising for Jo's Footwork Studio. EMAIL ADDRESS: (Please PRINT using uppercase letters)					TUITION FOR SESSION II, III, & IV IS DUE <u>BEFORE</u> THE FIRST CLASS. PLEASE MAKE CHECKS PAYABLE TO JO'S FOOTWORK STUDIO . THERE IS A \$15.00 LATE CHARGE ON TUITIONS PAST DUE; A \$30.00 SERVICE CHARGE ON ALL RETURNED CHECKS. REFUND POLICY: Registration fees and Costume fees not refundable. You will receive a full tuition (not registration) refund IF drop occurs prior to the beginning of a session (09/01/19; 11/03/19; 01/26/20; 04/05/20). ▶50% refund of tuition only IF drop occurs on or before (Session I) Saturday 9/07/19; (Session II) on or before Sat. 01/09/20; (Session III) on or before Saturday 02/01/20; (Session IV) on or before Saturday 4/11/20. No refunds after 1st week of each session. \$25 admin charge for late drop. All families required to recurring billing via credit card on file for future billing.				
Signature (Parent's signature if participant is und PRINT SIGNATURE NAME:	der 18)			Date	Total Individual	Hours.	(2 nd student)	hrs. Tuition due \$hrs. Tuition due \$	
Student's Address: (street)					Total Individual	Hours.	(3 rd student)	hrs. Tuition due \$	
City		ST	_ZIP		Total Individua	l Hours	.(4 th student)	hrs. Tuition due \$	
Primary Phone #:					PLUS Family Registration Fee\$ 3 0 . 0 0				
Emergency Contact Name & Phone:					TOTAL ALL TO	UITION	FOR SESSION	NIDUE & ENCLOSED = \$	_

WAIVER AND RELEASE OF ALL CLAIMS AND AUTHORIZATION (ws19-20)

(708) 246-6878 Jo's Footwork Studio, 1500 Walker St, Western Springs, IL 60558