



SUMMER 2020 CLASS REGISTRATION

PARENT/GUARDIAN
INFORMATION

Primary Parent/Guardian Name (Last Name, First Name) _____

Preferred E-mail (REQUIRED FOR CONFIRMATION) _____

Preferred Phone _____

Preferred Mailing Address _____

City _____

State _____

Zip Code _____

STUDENT
INFORMATION

Student Name (Last Name, First Name) _____

Date of Birth (MM/DD/YY) _____

Age _____

2020/21 Academic Grade _____

CHOOSE YOUR CLASSES

Class Name _____ First Day of Program (M/D) _____ Tuition _____

Class Name _____ First Day of Program (M/D) _____ Tuition _____

Class Name _____ First Day of Program (M/D) _____ Tuition _____

Class Name _____ First Day of Program (M/D) _____ Tuition _____

Beforecare, 8am drop off (\$50/week) _____

Aftercare, 5:00pm pick up (\$75/week) _____

WFT Subscriber (10% off FULL Price Tuition) _____

Payment Plan (Tuition payments may be split in three payments) _____

Date 1 _____

Date 2 _____

Date 3 _____

Optional Donation to Scholarship Fund _____ \$25 _____ \$50 _____ other _____

Total _____

PAYMENT METHOD

Check Enclosed

Please charge my Visa/MasterCard/Amex/Discover

Credit Card # _____

Exp. Date _____

Security Code _____

Name On Card _____

Signature _____

OTHER WAYS
TO REGISTER

Online: wheelockfamilytheatre.org

In Person: Complete this form and drop off at the theater!

Phone: 617-353-2994

Mail: Attn: WFT Summer Education – 180 RIVERWAY – BOSTON, MA 02215