



# FALL 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 Class Session Tuition

Class Name Class Session Tuition

Class Name Class Session Tuition

Class Name Class Session Tuition

Payment Plan\* \_\_\_\_\_

Date 1

Date 2

Date 3

*\*Tuition payments may be split in three payments and will be charged on the 1<sup>st</sup> or 15<sup>th</sup> of each month*

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

Total \_\_\_\_\_

\_\_\_\_ Please charge my Visa/MasterCard/Amex/Discover \_\_\_\_ Check Enclosed

PAYMENT METHOD

Credit Card #

Exp. Date

Security Code

Name On Card

Signature

OTHER WAYS  
TO REGISTER

Email: WFTed@bu.edu

Online: wheelockfamilytheatre.org

Phone: 617-353-2994 (Please note you must leave a message and a staff member will get back to you)

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

\*\*Please note our staff is working remotely and will be in our physical office with limited office hours. If you plan to mail in payment please email us and let us know. It can take up to 14 business days to receive mail at our office.\*\*\*