



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

Academic Grade (For summer, grade entering in the fall)

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 1st or 15th of each month*

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

Total _____

PAYMENT METHOD

____ Please charge my Visa/MasterCard/Amex/Discover ____ Check Enclosed

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 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.*