



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

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

Total _____

PAYMENT METHOD

Please charge my Visa/MasterCard/Amex/Discover

Check Enclosed

Credit Card #

Exp. Date

Name On Card

Signature

OTHER WAYS
TO REGISTER

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

Online: wheelockfamilytheatre.org

Phone: 617-353-2994

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.*