

ITALIDEA

500 NORTH MICHIGAN AVENUE SUITE 1405
CHICAGO, IL 60611-3767

CHILDREN CLASSES REGISTRATION FORM



VISA/MASTERCARD ACCEPTED BY PHONE.
Tel.: (312) 832-4053 - Fax.: (312) 832-0442

Method of Payment: Cash Check* MasterCard Visa

Visa/MC account# _____

Expiration date ____ / ____ / ____ Printed name on credit card _____

Signature(requested if using credit card) _____

Date ____ / ____ / ____

*Checks payable to : ITALIDEA

Mail form with a check to:

Italidea

500 North Michigan Avenue Suite 1405

Chicago, Illinois 60611 - 3767

Parents Name: _____

Child Name : _____ Age : _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone: _____

Emergency Phone Number: _____

E-mail Address: _____

Parents Signature:** _____

Thank you and welcome to ITALIDEA!

By signing the above registration form, I am accepting ITALIDEA **policies (registration, refunds, credits, confirmation of registration, and cancelation of classes, make up lessons, transferring, and placement tests) as stated in the website: <http://www.italidea.org>