

**BILLING NAME** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent 1 \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Parent 2 \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**STUDENT NAME** \_\_\_\_\_ Birth Date \_\_\_\_\_

**PROGRAM:**

**M/W/F Preschool** (Monday, Wednesday and Friday, 8:40am-12:40pm, \$100 registration fee, \$250 monthly tuition, Aug. - April)

**T/R Preschool** (Tuesdays & Thursdays, 8:40am-12:40pm, \$100 registration fee, \$193 monthly tuition, Aug. - April)

**M-F Preschool** (Monday-Friday, 8:40am-12:40pm, \$100 registration fee, \$399 monthly tuition, Aug. - April)

A non-refundable deposit of \$75.00 (75% of the registration fee) per child is required at time of enrollment to reserve your place in the class. The balance of \$25.00 is due by July 1\*.

\*If you would like to pay the \$100 registration fee in full at the time of enrollment, please initial here. \_\_\_\_\_

Tuition is \$250/\$193/\$399, respectively, a month per child, per class paid via automatic payments set up during registration. All tuition payments will be automated by a system of auto-charge from a debit card or credit card. Payments will include all days your child is enrolled, whether or not they miss a day due to sickness or vacation.

**PAYMENT AGREEMENT:**

Method of Payment

**Auto Charge to Visa or MasterCard (Circle one)**

**Use previous information on file**

**Payment for full year (no refunds for withdrawals)**

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

I hereby authorize Center Stage Academy to charge my account the amount of:

\$ \_\_\_\_\_ on the 1<sup>st</sup> or 15<sup>th</sup> day of each month starting \_\_\_\_\_ and ending \_\_\_\_\_  
*Amount Please Circle One! Month Month*

I will give the school office written notice 5 days prior to the 1<sup>st</sup> of the month to discontinue or change these charges.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Photos:**

Photographs of students will be taken during class time to capture fun occasions to share with parents. Occasionally, these photographs may be used for publicity in local newspapers, advertising or on our website. Please check here if you wish your child's photograph **NOT** be used. \_\_\_\_\_

**Injuries:**

Parents, legal guardians of minors and students waive the right to any legal action for any injury sustained on school property resulting from any normal class activity conducted by the students before, during, or after class time.

**I have read, understand, and agree to the above policies and procedures.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_