

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, \$231 monthly tuition, Aug. - April)

T/R Preschool (Tuesdays & Thursdays, 8:40am-12:40pm, \$100 registration fee, \$178 monthly tuition, Aug. - April)

M-F Preschool (Monday-Friday, 8:40am-12:40pm, \$100 registration fee, \$369 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.

Tuition is \$231/\$178/\$369, 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 1st or 15th 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 1st 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 _____