



2017-18 PAYMENT FORM

Name of Student: _____

Name of Parent/Guardian: _____

Unless fees are paid in full, all payments are due and processed on the 1st of each month (September 2017 – June 2018). Please indicate your payment option by checking the appropriate boxes.

One Yearly Payment Monthly (10) Cheque Visa MasterCard

Credit Card Payment Authorization (MasterCard or Visa Only)

Card # _____ Expiry Date _____

Name on Card: _____

First Payment Due from Registration Form	OR	\$ _____
Yearly Payment Due from Registration Form		\$ _____
Plus 1st Month or Full Payment for Private Vocal Lessons		\$ _____
Plus 1st Month or Full Payment for Triple Threat Day Program		\$ _____
TOTAL		\$ _____

1st Payment Paid in Full	<input type="checkbox"/>	\$ _____
1/2 of First Payment Paid Now	<input type="checkbox"/>	\$ _____
Second 1/2 of First Payment Due September 1, 2017	<input type="checkbox"/>	\$ _____

Monthly Payment (October – June) from Registration Form	\$ _____
Plus Monthly Fee (October – June) for Private Vocal Lessons	\$ _____
Plus Monthly Fee (October – June) for Triple Threat Program	\$ _____
TOTAL MONTHLY FEES (October – June)	\$ _____

I authorize Lindbjerg Academy of Performing Arts to charge the above amount to my credit card.

Signature: _____

Date: _____

Fees are based upon a yearly rate and for your convenience the payments may be divided equally by 10 payments. First payment may be paid in 2 instalments – 1/2 at registration and 1/2 on September 1, 2017. Preferred monthly method of payment is Credit Card however if payment is by cheque please provide cheques for entire payment period (September 1, 2017 – June 1, 2018). There is a \$30 charge for NSF cheques and for credit card payments that are not able to be processed when payment is due. **There is a drop/add fee of \$20 for each class change made after September 16, 2017**

I acknowledge that a full refund, minus the non-refundable administration fee of \$75, will be available should a student decide to withdraw before the first day of class. I further acknowledge that one month's notice must be given if a student withdraws from a class. **Withdrawals will not be accepted after December 15, 2017 and full payment is required.**

I have read, understood and consent to the above this _____ day of _____, 2017.

Parent/Guardian Name (please print clearly) _____

Signature _____