

2018-19 PAYMENT FORM

| Name of Student: | | | |
|---|---|---|--|
| Name of Parent/Guardian: | | | |
| Unless fees are paid in full, all payments are due and processed on the option by checking the appropriate boxes. | 1st of each month (Se | ptember 2018 – June | e 2019). Please indicate your payment |
| One Yearly Payment Monthly (10) <u>Credit Card Payment Authorization</u> (MasterCard or Visa Only) | Cheque | Visa | ☐ MasterCard |
| Card # | Expiry Date_ | | |
| Name on Card: | | | |
| First Payment Due from Registratio Yearly Payment Due from Registratio Plus 1st Month or Full Payment for Private V Plus 1st Month or Full Payment for Triple Threat | n Form \$_ ocal Lessons \$_ | | |
| 1st Payment Paid 1/2 of First Payment Pa Second 1/2 of First Payment Due September | aid Now | \$ \$ \$ | |
| Monthly Payment (October – June) from Regist Plus Monthly Fee (October – June) for Private Vo Plus Monthly Fee (October – June) for Triple Thr | cal Lessons \$_ | | |
| TOTAL MONTHLY FEES (O | ctober – June) \$_ | | |
| I authorize Lindbjerg Academy of Performing Arts to charge the above a | amount to my credit ca | ard. | |
| Signature: | | | |
| Date: | | | |
| Fees are based upon a yearly rate and for your convenience the paymer instalments – 1/2 at registration and 1/2 on September 1, 2018. Prefer please provide cheques for entire payment period (September 1, 2018 payments that are not able to be processed when payment is due. | red monthly method of – June 1, 2019). Ther | payment is Credit C e is a \$30 charge for | ard however if payment is by cheque NSF cheques and for credit card |
| I acknowledge that a full refund, minus the non-refundable administration day of class. I further acknowledge that withdrawals from musical accepted after September 30, 2018 and full payment will be required 2018 and full payment is required. Note that a written withdrawal not from a class. | theatre, triple threat, ed. For all other clas | show choir and cor ses withdrawals wil | npetition classes will not be I not be accepted after December 1, |
| I have read, understood and consent to the above this | day of | | , 2018. |
| Parent/Guardian Name (please print clearly) | Signature | | |