Financial Form

Student's Name(s):

Please supply the following information:

Credit Card Number	

Expiration Date	
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Name	(as i	t appears	on credit	card)	
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Cardholder Address (Line 1) _____

Cardholder Address (Line 2)

Email							

Circle which day of the month you prefer to have your tuition withdrawn automatically:

1st 15th

By signing below, I am indicating my understanding and acceptance of the following:

I am committing my child to enrollment in classes and/or lessons for the remainder of this school year. I agree and accept that my tuition shall be auto-drafted starting this current month and continuing through June 2018, whether or not I continue to participate.

SIGNATURE

DATE