

Center Stage Academy

Registration & Payment Agreement Form

Registration Date _____ Start Date _____ Location Warrensburg Sedalia

BILLING NAME _____

Address _____ City _____ State _____

Home Phone (_____) _____ Email _____

Parent 1 _____ Home Phone (_____) _____ Cell (_____) _____

Parent 2 _____ Home Phone (_____) _____ Cell (_____) _____

Emergency Contact _____ Phone (_____) _____

STUDENT NAME _____ Cell (_____) _____

Address _____ City _____ State _____

Birthdate _____ School _____ Grade _____

Email _____

Medical Info no yes _____

Method of Payment

- Auto Debit from checking account** *Attach voided check here* **Use previous checking information on file**
 Auto Charge to Visa or Mastercard **Use previous credit card information on file**
 Payment for full year *(no refunds for withdrawals)*

Card Number _____ Exp. Date _____ Name on Card _____

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

\$ _____ on the first business day of each month starting _____ and ending _____.

\$ _____ on October 1, 2008 for Costume Deposit. \$ _____ on November 1, 2008 for Costume Balance.

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 or Adult Student _____ Date _____

Class Name	Level	Day	Time	Hours

Registration Fee

Total Hours

Additional Student Tuition

Total Monthly Tuition

