

STARRZ Performing Arts Centre

2010-2011

Registration Form

Student's Name: _____

Date of Birth: _____ Age _____

Parent or Guardian's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Emergency Name & Numbers: _____

If you would like to receive your statement by e-mail please put your e-mail address here _____

How did you hear about "STARRZ" PAC ? _____

Fall Class Schedule: _____

Monthly Tuition: _____ Discount(if applicable) _____

Payment of monthly tuition is due by the 6th of each month. If payment is NOT made in this time period, I authorize the processing of my account balance IN FULL to the credit card listed below.

Card Type: _____

Card #: _____ **Exp. Date:** _____ **Code:** _____

Signature: _____

Explanation of Billing Procedures

Tuition is due in advance on the first of each month. A late fee of \$10.00 is added on the 7th of each month if processing of card is declined. There is no extra charge for the months that your student might have 5 weekly classes per month. Conversely we do not pro-rate tuition on months that contain holidays. Nor do we pro-rate tuition for classes in which the student does not attend. We observe all major holidays noted on the Pell City School System calendar.

Should you decide to drop enrollment from any class, please notify Ami Rodgers or Sherri Rickles. Do not leave a message with teachers or other staff who do not handle billing. Otherwise the position in the class will continue to be held and you will be billed for that class whether or not the student attends. Tuition is due for the entire month in which students drop out.

I have read, understand, and agree to abide by the billing policy.

Responsible Party's signature: _____
