



For your convenience you may pay by credit card
For Payment of 2017-2018 School Fees by Credit Card

Students Full Name(s): _____

Cardholders Name: _____

I authorize the Sheila Parkins School of Dance/Sheila Parkins Academy of Dance & Music to charge lesson fees to my:

VISA MASTER CARD

- \$ _____ **Registration Fee**
- \$125.00 Deposit on July 1st 2017**
- 1 Complete balance of payment on *September 1st, 2017*
- 2 Equal payments for balance on _____ and _____
- 5 Equal payments for balance on *August 1st 2017, October 1st, 2017, November 1st, 2017, December 1st 2017, January 1st, 2018.*
- 9 Equal payments for balance dated the 1st of each month from *September 1st, 2017 through May 1st, 2018* inclusive

The amount that will be charged to your credit card will depend on the number of classes taken. Please refer to the 2017-2018 fee schedules for exact amounts.

If changes are made to your child's enrollment, this amount is subject change.

Card Number:

Expiry Date: / (Please inform us if this date changes)

CVD:

SIGNATURE: _____

REMINDER: It is your responsibility to provide us with new information regarding a lost or stolen credit card, a replacement card, insufficient funds, or an expiry date change. A \$10.00 administrative fee will be automatically added to the total in the event of insufficient funds or an expiry date change that we are not advised about.

Please list the Name/Day/Time of class(es) your child(ren) will be taking for the 2017-2018 school year:
 registration & availability of classes must be confirmed by the school prior to sending in tuition payments
