

Seaside Dance and Gymnastics Centre

Tuition Policy and Payment Agreement

This payment agreement is made between Two Worlds Dance & Gymnastics LLC d/b/a Seaside Dance and Gymnastics Centre, 271 Post Road, Westerly, Rhode Island 02891 and _____
(Account Holder Name)

wherein the account holder has read and agrees to make payments in accordance with the terms provided below.

I am enrolling _____ and am responsible for this student's tuition payments
(Student Name)
through the end of the dance season or until 30 days written notification of withdrawal from class is submitted by the 1st of the month, 30 days prior to cancellation.

Additional students: _____

I agree to pay a non-refundable student registration fee of \$20.00 or a family registration fee of \$30.00.

I choose the following payment option for my student(s) tuition:

___ Option 1: Automatic credit card payment charged in the amount of \$_____ on the 1st of each month beginning in September and ending in May.

___ Option 2: Automatic credit card payment charged in the amount of \$_____ on the 10th of each month beginning in September and ending in May.

___ Option 3: Monthly payments in the amount of \$_____ on the 1st of each month beginning in September and ending in May in the form of cash, check, or credit card. A late fee of \$20.00 will accrue if tuition is not paid in full after the first week of the month. If payment is not received by the 15th of the month, the credit card on file will be charged the full tuition and late fee balance.

___ Option 4: A one-time payment in the amount of \$_____ for the full dance year tuition.

Returned Charge Fees: A returned charge fee of \$30.00 will be assessed to all returned checks and \$40.00 to all declined credit cards.

I have read and understand the terms and conditions listed in Seaside Dance and Gymnastics Centre's tuition policy and payment agreement. I understand that all tuition fees and costume fees are non-refundable and non-transferable. I also understand that enrollment will continue until written notification of cancellation is provided to the office on the 1st of the month prior to that which withdrawal takes places (email is sufficient).

Name (Print): _____

Email Address: _____

Student(s)'s Name: _____

Signature: _____

Date: _____

Office Signature: _____

Seaside Dance and Gymnastics Centre
Authorization for Credit Card Use

COMPLETE AND RETURN THIS AUTHORIZATION
All information will remain confidential

Student's Name: _____
Name on Card: _____
Email Address: _____
Billing Address: _____
Credit Card Type: _____ Visa _____ Mastercard
Credit Card Number: _____
Expiration Date: _____
Card Identification Number: _____

I authorize Seaside Dance and Gymnastics Centre to charge the credit card provided herein for the below listed amount(s). I agree to pay for purchases in accordance with the issuing bank cardholder agreement. I understand that by choosing to use the Auto Payment system all tuition and costume payments will be charged to my credit card. I understand that these amounts will continue to be charged to my credit card as agreed to here until I have provided written notice indicating otherwise.

Monthly Tuition: \$ _____

Costume Deposits: \$28.00 per costume in conjunction with October & November tuition debit
Costume Balance will be charge in conjunction with February tuition debit.

Print Name: _____
Signature: _____
Date: _____

For Office Use Only	
Accepted By Staff:	_____
Date:	_____
Entered in Database:	_____
Updated:	_____