DO NOT SUBMIT THIS DOCUMENT DIGITALLY!

Please print and provide to office

Juliana's Academy of Dance

DO NOT SUBMIT THIS DOCUMENT DIGITALLY!

Please print and provide to office

Student Class Information & Credit Authorization

Student Name: _____

New Student: _____ Returning Student: _____

Competition Student: _____ Recreational Student: _____

Siblings: _____

Class Schedule: Competition Team Name: _____

Class	Day	Time	Teacher	Price

Total Monthly Payment: _____ Registration Fee: _____

Auto Pay: Y _____ N_____

Use My Card For: Tuition_____ Costumes_____ Other Fees_____

Name On Card: _____

Card Number: _____

Expiration Date: _____ CVC Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

All cards on file will be run on the transactions due date. If your balance is not paid by the due date, there will be a $25 late fee added to your amount owed. If your card is declined on the due date you will also incur a $25 late fee. All returned checks will have $35 fee added to them. If tuition is not paid by the 15th of each month your child will not be allowed to participate until it is paid.

I have read, understand, and agree to all of the previous listed information and policies of Juliana's Academy of Dance. Signature Required.

Signature: _____ Date: _____