



**Dear Parent/Guardian,**

Thank you for registering for our 2018-19 school year! Please review our payment plan agreement below before signing and inputting your payment information.

**Payment Plan Agreement with Steffi Nossen School of Dance (2018-19)**

For those families who do not want to pay in full at registration, we offer the option to pay in monthly installments after we receive an initial minimum deposit.

- Families who choose to enroll in a payment plan are still required to commit to the entirety of our session of classes. A payment plan is not a means to commit to classes on a month to month basis.
- Should you need to adjust or cancel your payment plan, you must notify the office before the next scheduled installment to avoid being charged.
- Payments will be due on the 15<sup>th</sup> or 30<sup>th</sup> of each month.
- Families must keep a valid credit card on file for the full duration of the class session.
- Payment confirmations will be sent via email. Families must keep a valid email address on file for the entire class session.
- This card will be automatically charged on the scheduled billing date of each month unless you inform Steffi Nossen School of Dance before the next scheduled billing date. Emails regarding payments may be sent to [elasker@steffinossen.org](mailto:elasker@steffinossen.org) or [admin@steffinossen.org](mailto:admin@steffinossen.org).
- If the method of payment will vary throughout the class session, families must notify the office 5 business days before the next scheduled billing date.
- Failure to make timely payments will result in a \$25 late fee.
- Returned checks will be subject to a \$25.00 fee.
- If payments are routinely missed, Steffi Nossen School of Dance has the option to cancel the payment plan agreement.
- Failing to provide monthly payments will result in ineligibility for future payment plans. Families will be responsible for paying any remaining balance on their account in full.

For all classes, a minimum deposit of 30% is due upon registration. The complete balance for the full year is due January 15<sup>th</sup>.

Payments may be made in cash or by check or credit card. We accept VISA and MasterCard.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Total tuition and fees due \$\_\_\_\_\_

Less: Initial payment with registration

Paid by cash\_\_\_ check\_\_\_ credit card\_\_\_ (\_\_\_\_\_)

Balance due to be divided into installments \$\_\_\_\_\_

| DUE DATE (fill in 15 <sup>th</sup> or 30 <sup>th</sup> ) | INSTALLMENT PAYMENT |
|--|---------------------|
| September, _____, 2018                                   |                     |
| October _____, 2018                                      |                     |
| November _____, 2018                                     |                     |
| December _____, 2018                                     |                     |
| <b>January 15, 2019</b>                                  | Final Payment:      |

**By signing below, I agree to the terms of the payment plan agreement and to make payments according to this schedule.** I understand that failure to make timely payments will result in a \$25 late fee. Please make a note of the payment schedule as you will not be reminded in advance by the office that a payment is due. ***(If you elect to pay by credit card, we will automatically schedule monthly charges to your credit card in advance so you will avoid late fees.)*** I understand that failure to pay on time could result in my child’s dismissal from the class.

\_\_\_\_\_ I will make monthly payments by cash or check

\_\_\_\_\_ I request future installment payments be automatically charged to my credit card (VISA or MC):

The payment plan agreement requires ALL families to keep a valid credit card on file for the full duration of the class session, including those who opt to pay by cash check.

Name on Card \_\_\_\_\_

Visa  MasterCard

CREDIT CARD NUMBER \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Billing address zip code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name \_\_\_\_\_

(PRINT)