



New Student Registration Form

Program: _____

School Year: _____

Location: _____

Processing Fee/ Tuition: _____

PRINT ALL INFORMATION CLEARLY

Student's First Name: _____ Last Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Birthday: ____/____/____ Entering Grade: _____ School: _____

Parent/Legal Guardian (First Emergency Contact): _____

Relation to Child: _____ Cell Phone: _____ Email: _____

2nd Parent/Guardian or Caregiver (Second Emergency Contact): _____

Relation to Child: _____ Cell Phone: _____ Email: _____

Additional Contact:

Name: _____ Phone: _____ Relation to Student: _____

Does the student have any special physical, behavioral, learning and/or other needs our staff should be aware of?

Please describe: _____

How did you hear about us? _____

Payment and Cancellation Policy (Non-Negotiable)

- I understand there is a one time, non-refundable processing fee of \$35 and non-refundable annual \$100 registration fee for each student.
- I accept full responsibility for payment of sessions and classes enrolled in. Monthly payments are charged on the 1st day of the month.
- I consent to ILS keeping my signature on file to initiate a debit or credit card transaction on an ongoing basis in the amount due for monthly payments and fees.
- I accept a \$35 fee for any rejected debit from your financial institution and any late or no-show fees per our policy.
- I understand that payments will continue until I notify ILS otherwise in writing.
- You may withdraw your child at any time with written notice, however ILS requires a minimum of 10 days notice prior to the next billing date to forgo the penalty.
- The penalty fee is \$125 for withdrawal requests made within 10 days of the next billing date.
- Partial refunds are not given for students who are withdrawn part-way through a month, for which has already been paid. Payments will not be refunded.

Medical Consent

I hereby consent to ILS to seek emergency medical treatment, including ambulatory transport if required, for the student named on this registration. I authorize immediate care be given by a duly licensed medical care provider as necessary to preserve the life, limb and well being of my child.

By Signing Below, I agree I have read, understand and agree to the Payment and Cancellation Policy and the Medical Consent statements above. In addition, I have received and understand the terms and conditions Parent Handbook Studio Policies.

(Signature of Parent/Guardian)

(Printed Name)

(Date)



Recurring Payment Authorization Form

Illumination Learning Studio charges for its classes and programs on a monthly, recurring basis. Payments are processed on the first day of each month. You may withdraw your child at any time with written notice, however ILS requires a minimum of ten days notice prior to the next billing date to forgo the penalty. The penalty fee is \$125 for withdrawal requests made within 10 days of the next billing date. Partial refunds are not given for students who are withdrawn part-way through a month, for which has already been paid. Payments will not be refunded.

Authorization

You hereby authorize recurring monthly charges to your debit or credit card, checking or savings account for monthly payments or fees incurred. A receipt for each payment will be emailed. You agree that no reminders or prior notification will be given unless the date or payment amounts change. There is a \$35 fee for any rejected payments from your bank at the time of processing. You agree that a late pick-up fee (\$25 per 10 minutes late) and no-notice absence fee (\$25 first occurrence, \$50 each occurrence thereafter) will be charged at the time of incidence.

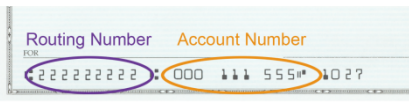
Please complete the information below:

I, _____, authorize Piper Arts & Learning, **Illumination Learning Studio** to charge my credit card, debit, or ACH Checking or Savings for the amount indicated below, on the 1st day of each month, for the payment for my child to participate in classes and programs.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Checking/Savings Account

Checking	Savings
Name on Acct _____	_____
Bank Name _____	_____
Bank Routing # _____	_____
Account Number _____	_____
Bank City/State _____	_____



Credit Card/Debit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name _____	_____
Account Number _____	_____
Exp. Date _____	_____
CVV (3/4 digit number on back of card) _____	_____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Illumination Learning Studio in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date.