



# Word of Life Center Music School Fall 2018 Enrollment Agreement



**Please fill out ENTIRE form and sign!**

**1 Form Per Student**

**Please Print Clearly**

Students Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of Person Responsible for Payment \_\_\_\_\_

Address \_\_\_\_\_

Phone Number for Contact \_\_\_\_\_ Cell? Yes\_\_\_ No\_\_\_

E-Mail Address \_\_\_\_\_ @ \_\_\_\_\_

	Class	Day / Time	Instructor Signature	Price
1				
2				
3				
4				
+	*Enrollment Fee			\$35
<b>Total</b>	<b>Due 1<sup>st</sup> Lesson</b>			=

Payment Is Due At 1<sup>st</sup> Lesson

Check 1 Option \*There Is A \$35 Enrolment Fee Per Student

I Am Paying in Full for All Classes Total \$ \_\_\_\_\_

Or

I Choose to Pay Monthly.

I Agree to Pay \$ \_\_\_\_\_ Per Month. I Agree to Pay This Amount Now for The First Month and Will Pay This Amount **the First Lesson of Each Month**. I Understand If the Monthly Payment Is Not Made, No Lesson Will Be Given and The Enrollment Fee Will Be Charged to Reinstate the Class.

Instructor Use Only
Check Number:
Cash:
Credit Card:
Total Amount: \$
Received By:

Signed (Person Responsible for Payment) \_\_\_\_\_ Date \_\_\_\_\_