



Word of Life Center Spring 2019

Enrollment Agreement From



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				
+				Enrollment Fee \$35.00
Total	All Payments Due 1st Lesson			=

Check One Option

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 and Will Pay This Amount On 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.

Signed (Person Responsible for Payment) _____ Date _____

Instructor Use Only

Check Number:

Cash:

Credit Card:

Total Amount: \$

Received By: