



REGISTRATION AGREEMENT PAYMENT PLAN & MEDICAL RELEASE (2011-2012)



Student Information

Returning Student _____ Year started @ PACE Studio _____ New Student How did you hear of us? _____

Student's Name _____

Birthdate _____ Age _____ School _____ Grade in Fall _____

Medical Conditions? (severe allergies, asthma, disabilities) _____

Emergency Contact _____ Relation to Student _____ Phone # _____

Account Information

Parent/Guardian Name _____ Home # _____

Email Address _____

Address _____ City _____ State _____ Zip _____

Mother/Guardian Employer _____ Cell # _____ Work # _____

Father/Guardian Employer _____ Cell # _____ Work # _____

Person Responsible for Tuition, if other than Account Holder _____

Method of preferred communication: home phone cell phone email

WE REQUIRE A VALID CREDIT CARD NUMBER TO BE ON FILE FOR EACH ACCOUNT/FAMILY TO ENSURE TIMELY PAYMENT.

Credit Card# _____ Visa/MC/Disc/Amex (circle one)

Name on Card _____ Exp. Date _____ Security Code _____

Payment Plan

Automatic Credit Card Payment Plan

I hereby authorize The P.A.C.E. Studio to automatically charge my credit card for monthly tuition payments on the 1st of every month beginning August and ending June (11 months).

_____ INITIAL HERE

Self-Pay Cash/Check Payment Plan

I choose to make payments via check and/or cash. I understand that if no payment is made by the 10th of the month, The P.A.C.E. Studio will charge my credit card on file for the monthly tuition and will incur the \$10 late fee.

_____ INITIAL HERE

Registration Agreement

I have read and understand all of The P.A.C.E. Studio's Studio Policies and Tuition Information as detailed in the Studio Brochure. I will uphold the terms of this agreement.

Medical Release

In the event of injury or accident, I hereby authorize my child to receive any emergency medical attention deemed necessary while present at The P.A.C.E. Studio, if parents or emergency contacts cannot be reached by telephone. I also hereby release, indemnify and hold harmless The P.A.C.E. Studio and its staff from all liability or claims.

Signature _____ Date _____

Mail to: The P.A.C.E. Studio * 4634 Lori Lane * Pace, Florida 32571

PLEASE COMPLETE PAGE 2 (CLASS INFORMATION)

Class Interest *(subject to instructor approval and placement)*

CLASS NAME/LEVEL	DAY	TIME	HOURS PER WEEK
<i>Total Hours</i>			
<i>Monthly Tuition</i>			

OFFICE USE ONLY	
<input type="checkbox"/> Family Account Info Created <input type="checkbox"/> Student Info Added <input type="checkbox"/> Signed Off _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Student Enrolled <input type="checkbox"/> Email Group Updated <input type="checkbox"/> Registration Fee Paid <i>(circle one)</i> <i>Cash</i> <i>Check #</i> <i>Credit Card</i>