

CCDS 2015-2016 ASP Contract for Beginning Band

Student Name (First & Last) _____ Grade _____

Parents Name (First & Last) _____

Mailing Address _____

Home Phone Number _____ Cell Phone Number _____

Email Address _____

Wednesdays until 3:30 & Fridays until 2:00 \$40/mo

Credit Card Payment

I, _____ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard in the amount of \$40 per billing month.

In order to avoid a \$10 late fee, payment must be received by the 1st of the month.

Parent Signature

Billing Zip Code

Credit Card Number

Expiration Date

Cash, checks and credit card payments are accepted.

I, _____ (printed name), agree to the terms of the above contract.

Parent Signature

Date

Effective Date