



# Ruhala Performing Arts Center Registration form 2013-14

### Student info

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

### Parent Info

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address if different \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mandatory- ALL correspondence is done through email

### Class/Tuition info

Class _____	10wks/Full Year	Tuition Amount\$ _____
Class _____	10wks/Full Year	Tuition Amount\$ _____
Class _____	10wks/Full Year	Tuition Amount\$ _____
Class _____	10wks/Full Year	Tuition Amount\$ _____

### Payment plan option (circle one)

Full payment	Bi-yearly	Monthly (due 1 <sup>st</sup> of the month) *2 months payment down required	Discounts _____
			<b>Total Year Tuition</b> \$ _____

**Liability:** I waive any liability against The Ruhala Center and its employees for personal injury, illness or loss of property while participating in classes/performances for The Ruhala Center.

**Media:** I authorize The Ruhala Center and its representatives to use photographs and/or videos of myself or my child, taken in conjunction with The Ruhala Center classes and events, in its advertising, public relations and/or promotion. I further understand that ALL video content and images taken during a Ruhala event or class are the property of Ruhala Center and may not be used without written approval of Mark or Celina Ruhala, this would include uploading videos or images to youtube and facebook.

**Refunds: Only medically related refunds are given.**

**I understand and accept the terms of this agreement**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# Ruhala Performing Art Center

1846 Haslett Rd East Lansing, MI

517-337-0464

## Payment Agreement

**A Guaranteed Credit Card Is Required For ALL payment plans at RPAC  
Regardless Of Payment Option.**

\_\_\_\_\_ **Option #1 Monthly Payment** - I agree to pay all monthly tuition payments by check, cash, or credit card to the front desk by the 15<sup>th</sup> of each month. However, in the event that a payment is **10 days late**, the Guaranteed Credit Card will be charged with the applicable fees. (\$20 late fee)

\_\_\_\_\_ **Option # 2 Automatic Payment Plan** – To avoid ever paying late fees and to make paying tuition easier I give permission for RPAC to automatically charge monthly tuition payments to the Guaranteed Credit Card.

\_\_\_\_\_ **Option # 3 Payment in Full - 3% Discount - Due by September 9, 2013** – I am paying the full tuition amount for the 2013-2014 season. I understand that tuition and fees are non-refundable under any circumstance. Not to be used in conjunction with any other promo.

We offer payment plans as a courtesy; the entire tuition amount is your responsibility. Barring severe medical problems (accompanied by a physician's note) that prohibit class participation, this agreement binds enrollment and tuition. Agreed tuition of this contract is binding regardless of the student dropping the class (except for medical reasons).

If tuition is paid in full, and a medical drop occurs, a RPAC credit will be given for the remainder of tuition minus a \$50 administration fee.

There is a \$5.00 fee assessed on all Credit card payments.

## Credit Card Authorization

Student(s) Name: \_\_\_\_\_

Name On Credit Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_/\_\_\_/\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

I have read and understand the terms of the agreement above. I agree to these terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date