Old Opera House Arts Centre

204 N. George St. Charles Town, WV 25414
(304) 725-4420
www.oldoperahouse.org

Tuition Authorization Form

How tuition is paid:

You may pay for your family tuition by completing the authorization form below. We will charge your payments to your credit card or debit card. Your charges will appear on monthly credit card or debit card statement. Auto-deductions will be processed on the first business day of each month.

If you choose to opt out of the auto-deduction plan and would like to receive a uniquely written bill each month, a $5.00 monthly service charge will be added to each payment.

How to determine your tuition:

- Individually add up the number of weekly minutes of classes for each family member enrolled. Number of minutes per class can be found on page 2/back page of the registration form where you make you class selections. The number in parenthesis after each class indicates how long those classes are.
- Add those totals together to determine number of weekly minutes for your family.
- Refer to the tuition chart for monthly tuition cost for your family.

Other details:

- Tuition prices remain the same for the Fall and Spring semesters.
- You will be billed for 8 months (September-November, January-May).
- If you choose to withdraw your child from our studios, we must receive a 30 day written notice.
- After the 3rd week of the beginning of each semester, no refunds will be given.
- We create our tuition chart on the assumption that students may miss a few classes throughout the year either due to absences or cancelled classes. Please see our cancellation policy in our handbook.

Please detach bottom portion and return with registration paperwork

Student(s) Name: _____
Guardian(s) Name: _____
Billing Address: _____
_____

Family Total Number of Minutes: _____
Monthly Tuition Amount: _____

Credit Card: ___ ___ ___ ___ -- ___ ___ ___ ___ -- ___ ___ ___ ___ -- ___ ___ ___ ___
Credit Card Number

Exp Date: ___ - ___ Security: ___ ___ ___
Month & Year Back of Card

I understand that this authorization will remain in effect until the end of the 9 month studio session, and I agree to notify The Old Opera House in writing of any changes in my account information during that time. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

_____
Signature Date

Office Use Only:
1st: _____
2nd: _____
3rd: _____
4th: _____
5th: _____
6th: _____
7th: _____
8th: _____
Notes: _____