



Class Dates/Times: _____

Student name: _____ Age: _____ Date of birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Emergency contact: _____

Please list names and phone numbers of anyone allowed to pick up your child: _____

Anything relevant that I need to know about your child: _____

REGISTRATION: \$100

COST: \$150 per month.

PRIVATE CLASS: \$100 - \$150 per hour. / **Trial class:** \$50

CASH _____ CHECK# _____ (payable to Maria Laughlin)

CARD AUTHORIZATION FILL THE NEXT PAGE.

**BY ALLOWING MY CHILD TO PARTICIPATE IN THIS CLASS I AGREE TO THE USE
OF PHOTOS OF ANY PARTICIPANTS AND THEIR ARTWORK.**

MAKE UP CLASS ONCE A MONTH AND ONLY WHEN YOUR CHILD IS SICK.

Parent full name: _____

Date: _____ Signed: _____



954 394 0795

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- You can get Rewards Points for paying your bill

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicate below each billing period. A receipt will be sent to you and each charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. A stop payment notification must be one day prior to billing date to avoid being charged for the upcoming month.

Please complete the information below:

I _____ authorize Maria Laughlin to charge my credit card
(full name)

indicated below for _____ on the 1st of each month for payment of Art classes for

(Child's Name)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ ZIP CODE _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 1 business day prior to the next billing date. 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. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.