

Name of the class: **Artooning**

Instructor: **Maria Laughlin**

Class Dates/Times: \_\_\_\_\_

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please list names and phone numbers of those responsible for minor children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religion: \_\_\_\_\_

About your Child any thing relevant that I need to know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION \$100**

**COST: \$127.00 per month.**

**Private Class: \$150 per hour. Trial Class: \$50.**

**CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ (payable to Maria Laughlin)**

**Card Autorization 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.**

**Name and Last Name :** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_



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.

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### 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.