

2025-2026 Method of Payment & Release Form



STUDENT NAME:

PAYMENT OPTION #1: REGULAR MONTHLY PAYMENTS

Pay your Registration (at time of Registration), Monthly tuition, Costume Fees (Oct & Nov) via Cash, Check, VISA or Mastercard on the first week of each month (Sept-May). NSF Fees and late payment charges are outlined in the Studio Policies Handout.

PAYMENT OPTION #2: MONTHLY AUTO DEBIT

Sept 2025-May 2026

PLEASE FILL OUT SECTION BELOW FOR THIS OPTION.

WELCOME TO RPAC

I hereby authorize Revolution Performing Arts Center, LLC to charge my account the tuition amount of \$ _____ on the 1st of each month beginning _____ and ending _____.

FILL OUT THE CARD INFO BELOW

I WILL GIVE THE STUDIO OFFICE ONE MONTH'S WRITTEN NOTICE FROM THE 1st OF THE MONTH TO DISCONTINUE THESE CHARGES. **INITIAL HERE X** _____

Signature _____ Date _____

COSTUME PAYMENTS WILL BE DRAFTED THE 1st WEEK OF OCT & NOV

CARD # _____

EXP DATE _____ CIV # _____

NAME ON CARD _____

SIGNATURE _____ DATE _____

RELEASE (SIGNATURE & INITIALS REQUIRED)

Please read over carefully and sign below.

- ☆ I have read and agree to abide by RPAC'S policies regarding tuition, withdrawal, late fees, costumes, attendance, and dance attire. **X** _____
- ☆ I understand that a late fee of \$20.00 is assessed to my account if it is paid after the 10th of each month and an additional fee of \$20.00 will be added each week. **X** _____
- ☆ I understand that RPAC reserves the right to refuse instruction to anyone not abiding by RPAC'S policies. **X** _____
- ☆ I understand that RPAC reserves the right to cancel a class if enrollment falls below 6 students per class. **X** _____
- ☆ I understand that RPAC is not responsible for lost items, stolen items, or unclaimed merchandise. **X** _____
- ☆ I understand that participation in a dance program involves risk and possible injury. I understand that RPAC and its staff will not be held responsible for injuries sustained in class, while performing, or traveling to or from its facilities; I authorize RPAC to secure any medical treatment my child might need. **X** _____
- ☆ Preferred medical facility: _____
- ☆ I allow RPAC to use my child's name or photographic likeness in all forms and media for advertising, trade or any other lawful purpose. **X** _____

Parent/Guardian Signature: _____ Date: _____