



FOR PAYMENT OF 2010 - 20101 SCHOOL FEES BY CREDIT CARD

Family id# (to be filled out by MHSB staff) _____

Student's Name: _____

Name of Cardholder: _____

Cardholder's home phone #: _____

Best phone # to be contacted at: _____

I authorize The Martha Hicks School of Ballet Inc. to charge lesson fees to my **Visa** **Mastercard**

1 complete payment on **the date your registration is processed**. For complete payments made prior to June 30th, 2010, we will apply a discount equivalent to the HST increase (8% of the pre-tax amount) to your class fees.

4 equal payments on: **the date your registration is processed; October 18th, 2010; December 6th, 2010; and February 7th, 2011.**

The amount that will be charged to your credit card is on your registration receipt. If changes are made to your child's enrollment, this amount may change. In the event of a change, you will be provided with a new, updated registration receipt which will indicate the revised amount. Reminder: it is your responsibility to provide us with new information regarding a replacement card, insufficient funds, or expiry date change. An administration charge will be added to your account if you fail to do so.

Card #

Expiry Date: / inform us if / when this date changes CSC (credit card security code)*:

*What is a CSC and why must I provide this? A CSC or Credit Card Security Code is the 3 digit number found on the back of your VISA or MasterCard and is typically a separate group of 3 digits to the right of the signature strip. It is often asked for by merchants for them to secure "card not present" transactions occurring over the Internet, by mail, fax or over the phone, thus reducing credit card fraud when the cardholder is not present in person.

Signature: _____



2010 - 2011 CLASS REQUEST SHEET

family id# (to be filled out by MHSB staff) _____

All new students must complete this form and return it with their registration package. It is very important to fill out a **2nd option** for each class requested. We will do our very best to grant you your first choice, but less disappointment is likely if you have considered a 2nd choice!

student's name: _____

home phone #: _____

CLASS REQUESTED	2nd CHOICE
level: _____	_____
day: _____	_____
time: _____	_____
location: _____	_____
ADDITIONAL CLASS REQUESTED	2nd CHOICE
level: _____	_____
day: _____	_____
time: _____	_____
location: _____	_____

In order to be placed in the appropriate level, new students over the age of 10 may need to be assessed. We will contact you to arrange a time in the event that an assessment is necessary.