

SCAA Registration Form

203 S. Cameron St., Winchester, VA 22601
 540-665-4602 or Fax 540-665-4598
 SCArtsAcademy.org

Date: _____

Student Name	S.S.N. (18yrs. and up)	Student ID# (office use)	
	F <input type="checkbox"/> M <input type="checkbox"/>		
Student Birth Date	Sex	Current Student Grade Level	
Parent/Guardian Name	E-mail		
Street Address	City	State	Zip
Home Phone	Work	Cell	
Eligible for Staff/Faculty Discount? <input type="checkbox"/> Yes <input type="checkbox"/> No			

*There is a \$30 registration fee for all students payable to SCAA upon registration.

4 Payment Options

1	<input type="checkbox"/> Payment in Full <input type="checkbox"/> Check <input type="checkbox"/> Credit Card (Complete credit card information below)
2	<input type="checkbox"/> Payment with October Billing (Complete the deferred promissory note on reverse)
3	<input type="checkbox"/> Payment Plan (Complete the deferred payment plan promissory note on reverse)
4	<input type="checkbox"/> Automatic Credit Card Payment (Complete the deferred payment plan promissory note on reverse and the credit card information below)
Options 3 and 4 include a 3% setup fee based on the total tuition and will be included in the payment plan total.	

Credit Card Information

AMX Discover MasterCard VISA

Cardholder	Card Number	Expiration	
Billing Address	City	State	Zip
Cardholder Signature	Amount		

Shenandoah Conservatory Arts Academy may use student images for promotional purposes.
 To **OPT OUT**, please sign below.

Signature of parent or guardian _____ Date _____

I AM ENROLLING IN THE FOLLOWING CLASSES

Class	Code	\$	Tuition
Class	Code	\$	Tuition
Class	Code	\$	Tuition
Class	Code	\$	Tuition
Class	Code	\$	Tuition
Class	Code	\$	Tuition

* Registration Fee: \$30
 * Performance Fee: \$40 (Dance students only)

total cost \$

Send Registration to:
SCAA Registration
 203 S. Cameron St.
 Winchester, VA 22601
 Fax: 540-665-4598
 Phone: 540-665-4602

SCAA DEFERRED PAYMENT PLAN PROMISSORY NOTE

Student Name

Student ID# (office use)

Option 2 - Payment in full upon receipt of the October billing statement

The student/parent/guardian will receive a billing statement in early October. The account balance is due in full by October 25. If payment is not received by October 30, a late fee of \$20 will be charged to your account. *The payment plan options below are available between initial registration & October 25. If not paid in full by October 30, a payment plan will automatically be set up and the 3% set-up fee will be applied to the tuition.

DEFERRED PAYMENT PROMISSORY NOTE

I understand that full payment is due by the 25th of October. If the account should become delinquent, I understand that I will be responsible for any additional collection and/or attorney fees. Payments that are more than 60 days late may cause discontinuation of classes or lessons. I agree to pay all costs involved in the collection of any outstanding debts attributed to a default on payment.

Signature of parent or guardian

S.S.N. (required)

Date

Option 3 - Payment Plan

This payment plan will divide the total tuition into six equal monthly installments October – March. There is a 3% setup fee based on the total tuition and is included in the payment plan total. The student/parent/guardian will receive by mail, a billing statement each month. A late fee of \$20 will be charged to your account EACH MONTH your payment is received after the date indicated on the statement.

DEFERRED PAYMENT PLAN PROMISSORY NOTE

I understand that all payments are due by the 25th of the month. If the account should become delinquent, I understand that I will be responsible for any additional collection and/or attorney fees. Payments that are more than 60 days late may cause discontinuation of classes or lessons. I agree to pay all costs involved in the collection of any outstanding debts attributed to a default on payment.

Signature of parent or guardian

S.S.N. (required)

Date

Option 4 - Automatic Credit Card Payment Plan

This payment plan will divide the total class tuition(s) into six equal monthly installments October – March. The SCAA office will automatically bill your credit card each month between the 25th and 30th of each month. There is a 3% setup fee based on the total tuition and is included in the payment plan total. The student/parent/guardian will receive by mail, a billing statement each month. This billing statement is for your reference only; the SCAA office will process the payments as described above. Your account will not incur late fees as long as the office is supplied with current and active credit card information.

DEFERRED PAYMENT PLAN PROMISSORY NOTE

I understand that all payments are due by the 25th of the month. If the account should become delinquent, I understand that I will be responsible for any additional collection and/or attorney fees. Payments that are more than 60 days late may cause discontinuation of classes or lessons. I agree to pay all costs involved in the collection of any outstanding debts attributed to a default on payment.

Signature of parent or guardian

S.S.N. (required)

Date

Cardholder

Billing Zip Code

Card Number

Expiration Date

Cardholder Signature

Date