

22/23 monthly payment plan agreement

student name *(please print)*

date

fall

spring

summer

We offer an option of paying tuition in installments, rather than full payment at the time of registration. Total cost of class is divided into three (productions only) to nine monthly installments. First payment is charged on date of registration. Subsequent installments charged on the first Monday of each month.

Dr. Phillips Center upholds a **no-refund policy** for classes. In the event that a class student no longer wants to continue with class, they are still fiscally responsible for the full tuition for that class, unless placed in a different class.

I understand that by signing this form, I _____ am committing to full payment for the class/classes that I have registered myself or dependent in. I agree that if I stop making my agreed upon monthly payment, Dr. Phillips Center has the right to charge my credit card the remaining balance that is due.

please sign

student signature (or parent/guardian, if minor)

date

type of card:

visa

mastercard

discover

american express

name that appears on credit card

credit card number

expiration date

cvc (3-digit number on back of card; 4-digit on front of card for American Express only)

billing zip code

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AdventHealth School of the Arts

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