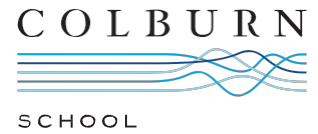


**Community School of Performing Arts** [cspa@colburnschool.edu](mailto:cspa@colburnschool.edu)  
**Trudl Zipper Dance Institute** [dance@colburnschool.edu](mailto:dance@colburnschool.edu)  
**Registration Form**



Year: \_\_\_\_\_  Fall  Spring  Summer  New Student  Continuing Student  Male  Female

**Student Information**

Has contact information changed since last semester?  YES  NO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell phone: ( \_\_\_\_\_ ) Home: ( \_\_\_\_\_ ) Work: \_\_\_\_\_  
 Academic School (or Employer): \_\_\_\_\_ Current grade level: \_\_\_\_\_  Home School Student

**EMAIL for Billing/Notices:** \_\_\_\_\_

**Race** This information is gathered for statistical purposes that is helpful to Colburn in order to secure critical support from foundation and donors. This information is not required for admission. The Colburn School does not discriminate on the basis of race, color, nationality, gender, sexual orientation, ethnic origin, religious belief, or gender self-identification.

Please Select one or more:

- White  Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian or Pacific Islander  Prefer not to disclose

**Primary Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mr. Mrs. Ms. Dr.  
 Relationship (mother/father/etc.): \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ )  
 Email: \_\_\_\_\_  
 Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Secondary Contact Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Mr.  Mrs.  Ms.  Dr.  
 Relationship (mother/father/etc.): \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ )  
 Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

Course ID*	Course/Fee	Day	Time	#Min	#Wks	Instructor	Fee

Payment via cash, check, or credit card must accompany this form. All checks should be made payable to COLBURN SCHOOL.

Tuition Subtotal:	
FinAid/Merit:	
FinAid/Merit:	
Fee/Discount:	
Fee/Discount:	
Donation:	
Total Due:	
Amount Paid:	
Balance:	
# Payments Remaining:	
Monthly Payment Amount:	

OFFICE USE ONLY

INVOICE # \_\_\_\_\_ Verification Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If student is under age 18, a parent or guardian must sign. By signing this form, I agree to abide by the School Policies as published on the Colburn School website at [colburnschool.edu](http://colburnschool.edu) and acknowledge I have read the abbreviated text on page 2 of this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY



## 2023-24 Payment Plan Agreement/Credit Card Authorization

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Parent's Last Name	First Name	Phone
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Student's Last Name	First Name
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Please select one:

\_\_\_\_\_ (INITIALS) I agree to pay the full tuition amount of \$\_\_\_\_\_ in one payment. (If selected, proceed to signature section)

\_\_\_\_\_ (INITIALS) I hereby authorize The Colburn School to automatically charge the credit card listed below on a monthly basis, plus a one-time set-up fee. I agree to submit the first payment along with this Agreement. **Subsequent payments will be automatically charged to my credit card account on the 15<sup>th</sup> of each month in the amount indicated below.**

\_\_\_\_\_ (INITIALS) I am requesting a payment plan where I will be responsible to make my payments in-person, over the phone, by email/fax, or via an online payment through the student's monthly billing statement, each month until paid in full.

Start Date: 15<sup>th</sup> of \_\_\_\_\_ End Date: 15<sup>th</sup> of November (Fall semester) / April (Spring and yearlong)  
(Month) (Circle one)

**Total Tuition including one of the following fees, if applicable:**

\$40 fee for single semester enrollment or \$80 fee for year-long enrollment: \$ \_\_\_\_\_

Monthly Payment Amount: \$ \_\_\_\_\_

Additional terms of Agreement:

1. If the credit card is declined when charged automatically or if payments are not made by the 15<sup>th</sup> of the month, a **late fee of \$35** will be assessed. Additional late fees will be assessed on the 15<sup>th</sup> of each month if payment remains delinquent.
2. This agreement will remain in effect until tuition is paid in full according to the schedule of payments above. The Colburn School has the right to terminate automatic payment service at any time with written notice. If you wish to cancel this agreement, please contact the AR Manager in writing at sbilling@colburnschool.edu within 5 business days of the proposed termination date.
3. It is the card holder's responsibility to notify The Colburn School of any changes to the credit card account such as expiration date, account number, etc.
4. Approval of any payment agreement is at the sole discretion of The Colburn School. Any outstanding balance due to The Colburn School must be paid in full prior to being granted a payment agreement.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company, so long as the transactions correspond to the terms indicated in this Agreement.

**X**

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Authorization Signature	Print Name	Date
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In order to protect your information, the Credit Card number below will be destroyed after the first charge and initial set up.

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CC TYPE:      VISA             MASTERCARD             AMERICAN EXPRESS             DISCOVER

Cardholder Name:

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Credit Card No: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_