



Student# _____

Middle Tree
250 W. First St, Ste 256, Claremont, CA
909-293-9560

SHADE REGISTRATION AND PREFERRED PAYMENT AUTHORIZATION FORM

Student Name: _____ Parent/Guardian Name: _____

LOWER DIVISION		5 Days	4 Days	3 Days	2 Days	1 Day
Full Days	Members	\$169	\$159	\$149	\$139	\$75
	Non-Members	\$179	\$169	\$159	\$149	
Half Days	Members	\$99	\$89	\$79	\$69	\$50
	Non-Members	\$109	\$99	\$89	\$79	

GENERAL TUTORING & TEST PREP		Hourly	Unlimited Hours a Week	Unlimited Hours a Month
(Appointments Can Be made for Up to 2 Hours a Day for Unlimited)	All Students	\$25	\$125 (\$12.50/hour)	\$450 (\$11.25/hour)

I/We promise to pay for SHADE services outlined in the *SHADE Registration Agreement* and agree to the following:

- Pay \$50 registration/materials fee (this is a one-time fee as long as enrollment is continuous and without gaps).
- Paid tuition is non-refundable regardless of attendance.
- Payment is due on the 1st of each calendar month.
- A \$35 late payment will be assessed if payment in full is not received by the 10th, or if said payment is returned by the bank for non-sufficient funds (NSF).
- If payment in full is not received by the 15th of each month, student will not be permitted to attend SHADE.
- Signing up for SHADE ensures enrollment. A **NON-REFUNDABLE** payment of 1/3 your total tuition plus a \$50 materials fee per student is required to complete your registration. All registrations are final. Any cancellation in your registration will result in a loss of your deposit, plus a charge for 50% of your total tuition. No-shows will be charged in full.

Please initial here _____

PREFERRED PAYMENT TERMS AND CONDITIONS

Thank you for choosing Middle Tree for your supplemental education services. Please select your manner of payment from the options on the reverse side. Please also note that enrollment in the preferred payment plan does not change the terms of your contract above.

- I authorize Middle Tree, its authorized representatives, and services providers to initiate electronic withdrawals from my designated account to make monthly payments on my contract for services.
- I understand that I will receive confirmation specifying the date the electronic withdrawals will begin. I understand that I will continue to make my payment until I receive this confirmation and electronic withdrawals begin. A copy of this agreement shall serve as notice.
- I understand that this authorization and the program services in no way alter or lessen my obligation under my existing Middle Tree contract regarding the amounts of monthly payments, when payments are due, the application of payments, the assessment of late charges, or the determination of delinquencies. I must maintain sufficient funds in my account for withdrawal of my payment amount.
- I understand that I must provide Middle Tree notice of at least 10 days for any request to modify, change, or terminate participation in this program.
- I agree to be bound by the Programs Terms and Conditions that are stated herein.

Please initial here _____

(See Reverse Side)

Print Name _____

Signature _____

Date: _____



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PAYMENT TERMS

(Please select either checking, savings, credit or debit card)

- Account Type:
 Checking
 Savings
 Credit/Debit Card
- Payment Plan:
 Automatic Payment (Check here if you **DO NOT** want payments to come out of the account provided.)

Routing number _____

Account Number: _____

Please attach voided check

- Visa/Mastercard/American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated on this authorization form.

Email: _____

Phone# _____

Address: _____

Print Name _____

Signature _____

Date: _____