



Wyalusing's Operation Kid Fit After School Program

Parents Name: _____

Student's Name _____ Age at time of Enrollment: ___ DOB _____

Address: _____ City _____ State _____ Zip _____

H Phone: _____ W Phone: _____ email: _____

Cell Phone: _____ Best number to reach you between 3pm-5pm: _____

Classroom Teacher: _____ Classroom Number _____

MEMBER GENERAL AGREEMENT

THIS AGREEMENT, made this ____ (DATE) day of ____ (MONTH), ____ (YEAR), by and between The EDGE Fitness and Martial Arts, Inc. and _____ (Parent's Name)

Please indicate which days your child will be in attendance:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Tuition is \$10/day

Total Tuition due for the week: \$ _____

PAYMENT OPTIONS & TERMS

The Member hereby authorizes The EDGE to bill according to the method chosen and if applicable, authorizes The EDGE to deduct tuition payments directly from the following bank or credit card account according to the terms of this agreement. Please complete all information. **A VOIDED CHECK or DEPOSIT SLIP is required for bank processing.**

AutoPay due each Friday _____
Bank Draft or Credit Card _____ Credit Card/ Bank Name _____ Account # _____ Routing No or Expiration date if CC _____

I agree to make weekly payments of \$ _____ made payable to The EDGE with the first payment due every Friday prior to the first week of class and subsequent payments each Friday that your child is enrolled. A service fee of \$25 will be assessed on any item presented for payment and returned for any reason. This includes but is not limited to bank drafts, checks, and credit card transfers. _____ (MEMBER INITIAL)

I have read this agreement and understand once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all provisions, terms and conditions as per back of this agreement set forth.

Member/Guardian _____ Date _____

Approved by _____ Date _____