



Payment Plan Contract

Date _____
Name of Student(s) _____
Name of Parent/Guardian _____
Classes being taken and price per semester _____

Payment amount requested for classes taken during the period from _____ to _____
Total payment due \$ _____

Please choose payment option below.

___ Four payments: _____ due on _____, _____ due on _____,
_____ due on _____, and _____ due on _____

___ Other: _____

I, _____ (please print) agree to make all payments by the due date or a \$10.00 late fee will apply. I understand that my child may have to wait until I have updated late payments in order to attend classes in the following session.

Signature _____ Date _____

Signature of Ballet Wolcott _____ Date _____

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