**PAYMENT OPTION**

Payment may be made by check, credit or debit card. The program does not accept cash. Please complete the appropriate section confirming the preferred payment option and method. Payment and Registration materials are due one week prior to the first lesson. **Please note, preferred lesson day and time are not secured until registration forms and payment have been received by RIAD.**

Meeting the interest and therapeutic needs for children and adults is of utmost importance to the RIAD team**.** If you or your family requires an individual payment plan, please contact Cherie Ansin, Program Director, at

978-368-4804.

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| **CREDIT CARD PAYMENT** | **CHECKS** |
| **Credit Card Authorization**  **Select one option:**  I hereby give Perkins RIAD permission to charge the credit card listed below in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for full payment for the following SESSION,(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **OR**  I hereby give Perkins RIAD permission to charge the credit card listed below in the two (2) equal payments in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_ for the following SESSION(s), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Please make checks should be made out to: Perkins RIAD  971 Main Street  Lancaster, MA 01523-2595  I am enclosing a payment in full in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following  SESSION(s), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OR**  I am enclosing a payment in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the following  SESSION(s), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, along with a postdated check for the 2nd installment towards the session. |
| **Note:** Payments for consecutive sessions will be processed monthly, at the start of each session.  If making payments by check (s) are due one week prior to the start of each session to secure the participants preferred day and time. | |
| CARD TYPE: 🞏 MasterCard 🞏 Visa 🞏 American Express |  |
| CARD NUMBER | BILLING STREET |
| EXP. DATE: | BILLING CITY |
| NAME on CARD | ZIP CODE |
| SIGNATURE of CARDHOLDER | DATE |

**SCHOLARSHIPS**

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| **A limited amount of need based Scholarships are available:  Please contact Program Director Cherie Ansin at** [**cansin@perkinschool.org**](mailto:cansin@perkinschool.org) **to request an application.** |