**PAYMENT OPTION**

**WINTER SESSION 2020**

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 **two weeks** 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**  I hereby give Perkins RIAD permission to charge the credit card listed below in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for full payment for the 2020 Winter Session.    **OR**  I hereby give Perkins RIAD permission to charge the credit card listed below in two (2) equal payments in the amount of $ \_\_\_\_\_\_\_\_\_\_\_\_ on or before **December 17th, 2019** followed by the Second Installment on **January 31, 2020** | 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 2020 Winter Session  **OR**  I am selecting to make 2 equal payments in the amount of \_\_\_\_\_\_\_\_\_\_\_. on or before Installment 1: **December 17th, 2019**  Installment 2: **January 31, 2020** |
| **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.  **IF USING CREDIT CARD ON FILE,** Please check the box and complete form by adding signature below | |
| 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.** |