



JCC Taekwondo
Fee Agreement

Child's Name: _____ **Member #:** _____

Please initial each of the following sections

_____ All families are required to pay monthly by automatic payment enrollment. This is through an automatic charge to MasterCard, Visa, American Express, or Discover. If you need a receipt please request one as needed or visit our website at <http://register.jccstl.org>.

_____ Taekwondo will bill on a monthly basis one month in advance of service being provided. For example, January fees will be charged in December. The monthly fee for the month you start will be prorated and due upon registration.

_____ The amount of classes available each month may vary based on the month, secular holidays and Jewish holidays. Families are required to pay their full monthly fee each month regardless of the amount of classes actually attended. Taekwondo does not provide make-up days for any closings, sickness, or vacation.

_____ Membership to the JCC must be current through the entire enrollment period to receive the reduced member rates. If your membership status changes you are required to notify us immediately upon such change. If membership status changes you are responsible for paying the difference effective the date of your membership change.

_____ Written notice 30 days in advance of any schedule change or withdrawal is required. If notice is not given 30 days in advance you will be required to pay your full fee.

_____ Past due balances must be resolved within ten (10) business days. Failure to do so may result denial of service.

The monthly Taekwondo fees for services are: \$46m/\$69p per month, m-member, p-public

Monthly amounts quoted above will be charged to your account in the preceding month in advance of service. Monthly fees will be charged upon receipt of this agreement using the information from your payment authorization form. Recurring monthly charges will begin per the scheduled dates on the payment authorization form.

The fees quoted above are based on the below information and is subject to adjustment should your membership status or enrollment change.

_____ Member _____ Non Member

Parent Signature _____

Date _____

**JCC Taekwondo Program
PAYMENT AUTHORIZATION FORM**

CHILD name: _____

JCC #: _____

CREDIT CARD PAYMENT

MEMBER NAME _____ MEMBERSHIP # _____

CREDIT CARD # _____ EXP DATE _____

CARDHOLDER NAME _____

CARDHOLDER BILLING ADDRESS _____ ZIP _____

CARDHOLDER SIGNATURE _____ DATE _____

JCC Taekwondo fees will be charged on or around the 15th of each month