

***Program Registration & Attendance Policy and Credit Card Authorization
Parlez Vous, Inc.***

All Trimester Programs:

- Participation in one Trimester Program is defined as 12 weeks or 24 total hours.
- No make-ups or credits will be given to students who miss class for any reason (i.e. illness, travel, scheduling conflicts, etc.)
- Cancellations or missed classes due to teacher absence will be credited accordingly.
Arrangements will be made for a substitute teacher if possible.
- Please be advised that all students are encouraged to communicate with teachers for make-up work while absent from their program.

All Monthly Children's Programs:

- Tuition for all monthly Children's programs include as many M/W, T/Th, or Saturdays that fall within the given month that the student can attend.
- No make-ups or credits will be given for students who miss class for any reason (i.e. illness, travel, scheduling conflicts, etc.)
- Cancellations or missed classes due to teacher absence will be credited accordingly.

Saturday Programs Single Session Registrants ONLY:

- Advance registration is required for single session registrants .
- A separate signed tutoring cancellation policy will apply and is required for all single session registrants for single session Saturday Programs participants.

Note: Exceptions to the above policies due to extenuating circumstances will be evaluated on a case-by-case basis.

Your signature below verifies that you have read and understood the Program Registration & Attendance policy.

X _____
Signature of Client
Date:

Client Credit Card Information

Program Registration & Attendance Policy

This information is required to ensure client compliance with the Program Registration & Attendance Policy; this information is confidential and will not be released to other parties.

Credit Card Authorization

The information below is only used as authorized. After receiving voice or email authorization, the Center will use the below credit card for applicable programs costs.

Your signature below verifies your authorization to use your credit card as indicated above.

X _____
Signature of Client
Date:

Credit Card Number: _____ Exp. Date: _____
Security Code: _____ (three digit number on back of card) Card Type: Visa
Name (as it appears on card): _____ MC
Address: _____ Discover
