

**SCHOOL YEAR 2022-2023  
ADULT INTERMEDIATE JAZZ FITNESS**

**CARY-GROVE PERFORMING ARTS CENTRE (CGPAC)**

21 Jandus Rd, Cary, IL 60013    www.CGPAC.com    (847) 639-3800 or scan and email to CGPAC1@gmail.com

Family Name: \_\_\_\_\_  
 (Adult First)                      (Last)                                      (Street Address)

\_\_\_\_\_ \_\_\_\_\_  
 (Preferred Phone Number)                      (City)                      (State)                      (Zip)

\_\_\_\_\_ \_\_\_\_\_  
 (Alternate Phone)                                      (E-mail Address)

\_\_\_\_\_ \_\_\_\_\_  
 (Cell Phone Carrier ie; Verizon, T-Mobile, etc)                      \*By providing your cell carrier, we will be able to send urgent info out to you via SMS text message

I have submitted the Liability Waiver ([link to waiver on cgpac.com](http://link.to.waiver.on.cgpac.com)) This must be submitted in order to participate.

Participant	Class Name	ID Code	Class Day	Birthdate	Gender	Tuition Payment (amount due now)
	Adult Int. Jazz Fitness 9/13-10/15	AIJF	Tu 7-7:45 pm			\$150.00

Total Tuition due Upon Registration: \$ \_\_\_\_\_

Please make checks payable to: CGPAC                      New Family? If yes, please add \$25.00 registration fee: \$ \_\_\_\_\_

Less any account credits: <\$ \_\_\_\_\_>

\*To pay by credit card:

I have paid on CGPAC.com

Total Payment Enclosed Today: \$ \_\_\_\_\_

Please charge the credit card information on the next page

Classes Entered: \_\_\_\_\_ Tuition Sched Entered: \_\_\_\_\_ Payment Rec'd: \_\_\_\_\_ Payment Entered: \_\_\_\_\_ Autopay? \_\_\_\_\_ Type? \_\_\_\_\_ Set up? \_\_\_\_\_

CGPAC Checking /Credit Card Authorization Form

Unless tuition is paid in full, please fill out the credit card information below (even if setting up checking or savings draft). Credit cards WILL NOT automatically be charged unless you fill out and sign the bottom half. This credit card will only be used as a back-up payment in the case of non-payment. If accounts are more than 15 days past due, the tuition plus late fees will be processed on this credit card account. You will be notified before your credit card is charged.

Visa  Mastercard  American Express  Discover

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Billing Zip Code \_\_\_\_\_ Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

To sign up for the Automatic Payment Plan via checking, savings, or credit card account, fill out the information below. Payments will be drafted between the 1st and 5th of each payment month. There is no cost to you for this service.

Choose your Automatic Payment Plan:  Checking  Savings  Credit Card (use above card)

Family Name: \_\_\_\_\_  
(Adult First) (Last) (Street Address)  
\_\_\_\_\_  
(Preferred Phone Number) (City) (State) (Zip)  
\_\_\_\_\_  
(Name(s) of students) (E-mail Address)  
\_\_\_\_\_  
Checking / Savings Acct # \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ Routing # \_\_\_\_\_

OR For Credit Card Auto-payments please fill out account information at the top of the page.

I hereby authorize the Cary-Grove Performing Arts Centre to debit my account the amount and dates below:

\$ \_\_\_\_\_ Nov. 1, 2022 and Mar. 1, 2023

\$ \_\_\_\_\_ Sept. 1, Oct. 1, Nov. 1, and Dec. 1, 2022 and Jan. 1, Feb. 1, Mar. 1, and Apr. 1, 2023.

\_\_\_\_\_  
(authorized account holder signature) (today's date) \*Attach savings deposit slip or void check if not presenting check today

Parent Agreement: Each of the boxes below correlate to a piece of information that we want to be sure you understand and agree to before registering. Please read the statements and initial each box. And then sign to confirm your agreement.

- 1. I am registered on CGPAC.com to get newsletter emails. All pertinent information will be distributed through this program.
- 2. I have agreed to a tuition plan and understand when payments are due and the penalties for late payment, and that my student(s) can not participate if our account is not current.
- 3. I understand that there are no refunds for dropping a class, only a CGPAC account credit if applicable, but can choose to make 9-payments, which I can stop until March 1 (May 2023 deposit is non-refundable) if I am unsure of making a yearlong commitment.
- 4. I will inform CGPAC by Nov. 1 for fall and March 15 for spring if we will not participate in either performance. Spring costumes will be ordered in Dec. at which point they cannot be canceled/refunded.
- 5. I have been given the dates for winter and spring rehearsals and performances and understand that while performing is not mandatory, if performing, attending all dress rehearsals IS REQUIRED. All dance classes are pre-assigned to either Blue or Yellow Cast. Swing Choir has a separate performance for spring.
- 6. I understand that my \$25 work fee will be credited back to my account when I have worked at least one rehearsal, recital, or preparatory shift per performing student. Sign ups for these shifts will be made available when performances are confirmed.
- 7. While I am registering to take class in-person, I agree to inform CGPAC and have my student(s) Zoom from home if we have any known COVID-19 exposure, or other illness. I understand that CGPAC may reinstate masking or vaccine documentation requirements if needed.

\_\_\_\_\_  
Printed Parent/Guardian Name Parent/Guardian Signature Date