



The Learning Program™ 2020 - 2021 Registration

General Information

Parent/Guardian Name _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Name of Child with Down syndrome: _____

Birthdate _____

I would like to register for:

☐ LP Online Level 1

☐ LP Online Level 2

☐ LP Online Level 3

Payment Options

To participate in LP Online 2020-2021, you have several payment options. You can complete this form, save to your computer and register by email, or mail. Please choose the option that works best for you:

☐ **Registration with PAYMENT IN FULL (Registration fee waived) – Due Sept 15, 2020**

If you are paying for the year in full, the \$50 registration fee is waived.

☐ I would like to pay in full by credit card. Please complete all forms, including the Credit Card Authorization Form and mail to DSF, or email to Dana Halle (dhalle@dsfoc.org)

☐ I would like to pay in full by check (please complete all forms and mail with your check to DSF, address below)

☐ **Monthly Tuition Payment with Registration Fee – Due Sept. 15, 2020**

If you are paying monthly, include a non-refundable \$50 registration fee with first month payment.

☐ I would like to pay monthly by credit card and authorize DSF to charge my credit card each month from September through June. For this option, please complete all forms, including the Credit Card Authorization Form and mail to DSF, or email to Dana Halle (dhalle@dsfoc.org)

☐ I would like to make monthly payments by check. To use this option, you MUST provide DSF with the \$50 non-refundable registration fee by Sept 15, 2020 and BEFORE the first class, provide DSF with 10 post-dated checks and mail to DSF.

These options are intended to streamline the tuition collection process and save on administrative overhead. If you have payment questions or need alternative arrangements or scholarship information, please email Dana Halle (dhalle@dsfoc.org)

DSF CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION

NAME ON CREDIT CARD			
TYPE OF CREDIT CARD (check one)	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX
TYPE OF ACCOUNT	<input type="checkbox"/> PERSONAL		<input type="checkbox"/> BUSINESS
ACCOUNT NUMBER			
EXPIRATION DATE			
BILLING ADDRESS			
CITY, STATE, ZIP			
PHONE		EMAIL	

AUTHORIZED USE OF CREDIT CARD

TYPE OF CHARGES	Charges related to Learning Program, including registration and tuition.
AUTHORIZED AMOUNT (check and insert amounts)	<input type="checkbox"/> \$50 nonrefundable registration fee <input type="checkbox"/> Pay tuition in full (no registration fee) \$ _____ <input type="checkbox"/> Pay tuition on monthly basis \$ _____ per month
DATES OF CHARGES	Monthly, September 2020 through June 2021 (disregard if paying in full)

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME

SIGNATURE			
PRINTED NAME		DATE	