Payment Plan Agreement Form

School Year September 2026 - June 2027

Fineline Theatre Arts | 77 Railroad Street | New Milford, CT 06776

Student Name _____

Date _____

Select Semester for Registration:

If Registered before mid September

☐ **First Semester (12 Weeks)**

Registration Fee

First Student	$75
Add'l Child	$35 per

Registration Fee (if before Sept. 1st)

First Student	$55
Add'l Child	$25 per

If Registered before mid January

☐ **Second Semester (10 Weeks)**

Registration Fee*

First Student	$75
Add'l Child	$35 per

*No Fee if registered for prior semester.

If Registered before mid April

☐ **Third Semester (10 Weeks)**

Registration Fee*

First Student	$55
Add'l Child	$35 per

*No Fee if registered for prior semester.

Payment Option Selected

NOTE: Students may not perform or participate in classes if tuition is past due.

Auto-Payment Plan (3 Monthly Installments each Semester)

☐ Please enroll me in the Auto-Payment Plan. All fees will be automatically paid and invoiced when due. FineLine will charge my preferred payment method each month as listed below in the tuition breakdown.

Pay In Full (One Time Payment per Semester)

☐ Please enroll me in the Pay In Full option. FineLine will charge my preferred payment method for the full semester tuition when due.

Tuition Breakdown

Tuition Calculator:
Total Class Hours per Week x Hourly Rate x Total Weeks in Semester = Total Tuition Due for a Semester + Registration Fee (when applicable)
Hourly Rate is determined by Tier. Tuition is calculated for each student.

First Semester (12 Weeks)
Auto-Pay Monthly Payments:

September	
October	
November	
Total	

Second Semester (10 Weeks)
Auto-Pay Monthly Payments:

January	
February	
March	
Total	

Third Semester (10 Weeks)
Auto-Pay Monthly Payments:

April	
May	
June	
Total	

Fees Invoiced Separately

All fees invoiced separately will be due on the dates listed below if applicable.

☐ **WinterFest Performance Fee (Based on number of pieces)** Due October 1st
☐ **SpringFest Performance Fee (Based on number of pieces)** Due February 1st

Credit Card Information

Name on Card _____
Card Number _____
Expiration Date _____
CVV Code _____

Banking Information

Name on Account _____
Name of Institution _____
Account Number _____
Routing Number _____
Account Type ☐ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings
Phone number _____

I authorize Fineline Theatre Arts to automatically bill the credit card or banking network listed above for invoicing needs.
By signing this agreement, I agree to pay the necessary tuition payments based on my selected payment plan **by the 1st of each month.**
If my payment is late, I agree to pay an additional $25 transaction fee for every week my payment is late.
I agree that it is my responsibility to update my payment information when necessary.

Signature _____
Date _____