



**CONTACT US**

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**SUMMER CONTRACT**

**CONTACT INFORMATION**

Student \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Student Birthday \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**POLICIES**

**Attendance Policy & Rescheduling**

*If the student does not show up for a session, or cancels the same day, there will be a charge for that session.* If a student needs to reschedule a class, call at least 24 hours prior to the scheduled session and we will reschedule the session at no charge. Make-up classes for a late cancellation will count as a session and will be charged. Hours not used at the end of the summer will not be refunded.

**Billing**

*A credit or debit card on file is required.* Invoices will be sent the first week of the month and all payments will be due on the 7th of each month. If payment is past due, the card on file will be charged on the 7th. Billing is based on your student’s scheduled attendance and not on his/her attendance. Monthly payments are calculated based on instructional hours scheduled in the calendar month and cannot be refunded for missed classes.

**PAYMENT INFORMATION**

**Pay by automatic withdrawal of a card on file:** I (We) hereby agree to the above attendance and billing policies and authorize Philosophy to initiate charges to my (our) credit/debit card indicated below on the 7th of every month as per Philosophy’s billing policies and procedures. This authority is to remain in full force and effect until Philosophy has received written notification from me (us) of its termination. If funds are not available, then the student’s sessions will be suspended until payment is made.

**Another payment type will be made:** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**All other payment types:** I (We) hereby agree to the above attendance and billing policies. I (We) agree to make tuition payments before the 7th of every month. I (We) understand that if these payments are not made by the time they are due, the card on file will be charged. If funds are not available, the student’s sessions will be suspended until payment is made.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on Credit/Debit Card \_\_\_\_\_ CVC \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Zip \_\_\_\_\_