

I agree to (person)	o the following payment plan l responsible for payment) and I	between myself	
\$	(installment amount) per	(week/month) for	(#) times to total
\$	(total amount due).		
I agree t	hat even if there are missed da	ys or cancellations, I will pa	ay this amount \$
In full, b	by this date:		
Credit Ca	ard #:		
Expiratio	n Date:		
•			
Parent's 1	name printed:		
Parent's s	signature:		
D-4			
Date:			

Please return this form for confirmation to:

Learning on the Log 9 Dunwoody Park, Suite 133, Atlanta, GA 30338

info@LearningontheLog.com OR eFax: 801.460.9414

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