







# S.T.A.R.S.



A non-profit community youth organization serving Howard Beach, Ozone Park and the surrounding community.

## Payment Agreement

*This Payment Agreement is in conjunction with the Contract.*

*Please complete the following by neatly typing/printing the information.*

I, \_\_\_\_\_,  
the parent/guardian of \_\_\_\_\_, agree to pay:

- \_\_\_ *ArtVentures: \_\_\_ \$498 for all 16 sessions OR \_\_\_ \$249.50 for 8 sessions*
- \_\_\_ *Care 4 Kids: \$75 for the entire 2 sessions*
- \_\_\_ *Cheerleading: \$299 for a 5 month session*
- \_\_\_ *Craft Workshop: \_\_\_ \$40 for 4 sessions OR \_\_\_ \$12 per class*
- \_\_\_ *Creative Writing: \$299 for 15 week session*
- \_\_\_ *Dance Club: \$299 for a 5 month session*
- \_\_\_ *Future Chefs: \$299 for a 15 week session*
- \_\_\_ *Sports Program: \$5 per week*
- \_\_\_ *Star Bright: \$285 for 10 week session*
- \_\_\_ *Test Prep: \$235 for 10 week session*
- \_\_\_ *Music/Vocal Club: \$99 for a 15 week session*
- \_\_\_ *Other: \_\_\_\_\_*

*Please check only one.*

\_\_\_ *Payments are to be made by cash, check, or money order*

\_\_\_ *Payment to be charged to my credit card:*

*Name on card:* \_\_\_\_\_

*Street address:* \_\_\_\_\_

*Zip Code:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_

If you prefer to make monthly payments, we can arrange a payment plan.  
Please contact the office at 718-845-6956 to do so.