

**Texas Institute of Sign Language  
Profile & Payment Plan**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Home: \_\_\_\_\_

Email Work: \_\_\_\_\_

Skype Name: \_\_\_\_\_

Agreement: Group \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_

Due on Day Class Begins      Due 3<sup>rd</sup> of Each Month      Due Before Class Begins

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Received copy of class policy upon enrollment

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Record**

Date	How Paid	Payment Amount	Balance Remaining	Special Notes

Payment Record  
(Continued)

Date	How Paid	Payment Amount	Balance Remaining	Special Notes