



Enrichment Educational Experiences

CREDIT CARD AUTHORIZATION FORM

The tuition can be paid in full, one payment for each semester, or 10 equal payments that are due on the 1st day (or next business day) of each of the following months: August, September, October, November, December, January, February, March, April, May. **Each month's payment will be exactly the same regardless of your child's attendance or school holiday schedule.** I further understand that there is an administrative processing fee for any payment returned by your bank or credit card. The monthly payment will be: \$_____. **(To be filled out by Administrative Office).* A 10% sibling discount is given to each additional sibling. We accept Visa or MasterCard.

- ◆ If you need to change the credit card on file, **you must complete a new CC Authorization form by the 20th of the month.** We cannot accept credit card information over the phone.
- ◆ You must notify our office if your child is no longer attending the program **before the 20th of the month.** If you fail to do so, and your credit card is charged, no refunds will be given.
- ◆ **Listing a secondary account number is required.**
- ◆ **If the primary credit card is declined, the secondary card on file will be charged.** Should both cards decline, cash, check or money order will be required.
- ◆ WE ARE NOT RESPONSIBLE FOR BANK CHARGES DUE TO A DECLINE OR OVERDRAFT.

Child's Name: _____ School: _____

Primary Account

Name (as it appears on credit card): _____

CC Number: _____ Exp Date: _____

Billing Address: _____ Phone Number: _____

Visa® MasterCard®

Secondary Account

Name (as it appears on credit card): _____

CC Number: _____ Exp Date: _____

Billing Address: _____ Phone Number: _____

Visa® MasterCard®

PROGRAM OPTIONS (Please check appropriate box(es):

| |
|--|
| <input type="checkbox"/> After-School Enrichment Program <input type="checkbox"/> 5 DAYS <input type="checkbox"/> 4 DAYS <input type="checkbox"/> 3 DAYS <input type="checkbox"/> 2 DAYS <input type="checkbox"/> 1 DAY <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F |
| <input type="checkbox"/> E.A.S.E. |

| | | |
|--|---|---|
| <input type="checkbox"/> Class Only (8/9/10 week session) Name of Class: _____ Session: (circle) 1 2 3 4 | <input type="checkbox"/> Drop-In Care (As needed basis) | <input type="checkbox"/> AM Program (@ Serrania & Valley ONLY) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F |
|--|---|---|

Check here if splitting tuition with another party: Name: _____

Please charge the tuition: Monthly 2 Payments (Aug & Jan) One Payment for the Year
(Monthly payments will be charged to your account by the 1st of every month).

I hereby authorize Enrichment Educational Experiences/E3 to charge my credit card account by the 1st of every month for the tuition payment for my child's participation in the program.

Signed: _____ Date: _____