

# Community Bridges Before- & After-School Program

## Credit Card Payment Authorization Form 2019-2020 S.Y.



In partnership with Lead Agency: *Love. Learn. Success.*, a Non-Profit Organization

**This Credit Card Payment Authorization Form DEADLINE is May 29, 2019, by 6:00 pm. Payment must be SUCCESSFULLY PROCESSED in order to secure your student's spot in the Community Bridges Before- & After-School Program. Declined cards will lose the spot.**

Student #1 Name: \_\_\_\_\_ '19-'20 Grade: \_\_\_\_\_  
 Student #2 Name: \_\_\_\_\_ '19-'20 Grade: \_\_\_\_\_  
 Student #3 Name: \_\_\_\_\_ '19-'20 Grade: \_\_\_\_\_

**Monthly Payments:** Payments will be processed on the 1<sup>st</sup> of each month beginning 7/1/19 and ending on 5/1/20. (Note: A \$2/month service fee is included in monthly payments). **Quarterly Payments:** Will be processed on the following dates: 7/1/2019, 10/1/2019, 1/1/2020, 4/1/2020

TRANSITIONAL KINDERGARTEN & KINDERGARTEN Before- & After-Care Options & Pricing	1st GRADE through 8th GRADE Before- & After-Care Options & Pricing
<b>Before-Care: flexible days, FULL-TIME STATUS</b>	<b>Before-Care: flexible days, FULL-TIME STATUS (NO 4th/5th Gr. Before-Care @ Sherman Campus)</b>
<input type="checkbox"/> Month-to-Month Rate: \$120 Debited Monthly (\$1200/year)	<input type="checkbox"/> Month-to-Month Rate: \$120 Debited Monthly (\$1200/year)
<input type="checkbox"/> Quarterly Rate: \$250 for every 3 months (\$1000/year)	<input type="checkbox"/> Quarterly Rate: \$250 for every 3 months (\$1000/year)
<b>After-Care: 4-5 SET days per week (FULL-TIME)</b>	<b>After-Care: 4-5 SET days per week (FULL-TIME)</b>
<input type="checkbox"/> Monthly Debit: \$365.64 (\$4,022.06/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Monthly Debit: \$302.00 (\$3,322.02/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.
<input type="checkbox"/> Quarterly Debit: \$1,000.00 (\$4,000/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Quarterly Debit: \$825.00 (\$3,300/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.
<b>After-Care: 2-3 SET days per week (PART-TIME)</b>	<b>After-Care: 2-3 SET days per week (PART-TIME)</b>
<input type="checkbox"/> Monthly Debit: \$265.64 (\$2,922.06/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Monthly Debit: \$202.00 (\$2,222.02/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.
<input type="checkbox"/> Quarterly Debit: \$725.00 (\$2,900/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	<input type="checkbox"/> Quarterly Debit: \$550.00 (\$2,200/year) Select participation days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.

Cardholder Name \_\_\_\_\_ CC Account Type:  Visa  MC  
 Billing Address \_\_\_\_\_ City, State \_\_\_\_\_  
 Zip \_\_\_\_\_ Phone# \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 CVV2 (3 digit number on back of Visa/MC) \_\_\_\_\_

I authorize Love. Learn. Success. to charge the credit card indicated above, for the amount indicated above, to be charged on or after the indicated date. These payments are for participation in the Community Bridges Before- & After-school Program 2019-2020. This does not provide authorization for any additional unrelated debits or credits to my account. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_