



## KIDZ KORNER

### CREDIT CARD AUTHORIZATION FORM

(One form per child)

Child's Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Account #: \_\_\_\_\_

(We accept all major credit cards)

Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Who to call if a problem occurs with the card)

### BEFORE/AFTER SCHOOL RATES

**10 visit Punch Card \$100.00** (before school= 1 punch, After School = 1 punch)

**Drop-in fee- \$15.00**

**½ Day fee- \$25.00**

**Full Day fee- \$35.00**

I authorize CCMRD to charge the above credit card every time a new **punch card** is needed to continue to provide care for my child. I understand that **½ day** and **full day** fees will also be charged to the above Credit Card. I understand that if for any reason my credit card is declined, my child will not be registered until payment has been received and that CCMRD will notify me of any and all transactions on this Credit Card.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Type text]

**RETURN**