AUTOMATIC PROCESSING ENROLLMENT FORM

| Parent/Guardian: | | | |
|--|---|---|--|
| Child(ren): | | | |
| School Location: | | | |
| Credit Card (circle one) | VISA | MASTERCARD | DISCOVER |
| Card Number: | | | |
| Expiration Date: | | | |
| on the 15th of each m I understand that a th I understand that if m | onth for chi irty-day wri ny credit car | ld care fee(s) that my character notice is required to d is declined in a particular. | on August 1 st and to charge subsequent payment hild(ren) will incur for the next month. In discontinue this service. In all a second me that month, there will be a \$30 fee each |
| Signature | | | Date |
| Address (please print) | | | |