

AUTOMATIC PROCESSING ENROLLMENT FORM

Parent/Guardian: _____

Child(ren): _____

School Location: _____

Credit Card (circle one) VISA MASTERCARD DISCOVER

Card Number: _____

Expiration Date: _____

CVV Number: _____

- I authorize the Open Door to charge the above account on August 1st and to charge subsequent payments on the 15th of each month for child care fee(s) that my child(ren) will incur for the next month.
- I understand that a thirty-day written notice is required to discontinue this service.
- I understand that if my credit card is declined in a particular month, Open Door will submit it a second time. If it is declined a second time or any subsequent time that month, there will be a \$30 fee each time.

Signature

Date

Address (please print)