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***Credit card Authorization form:***

**Must be filled out and emailed prior to the child’s first class.**

Name:

VISA MASTERCARD DISCOVER

Card #:

Expiration date:

CVC/CSC:

Signature:

Email:

Address for Credit Card:

The monthly class payment will be charged to the credit card on file on the 1st of each month. If you do not wish to register for the month, please notify us by the 15th of the prior month of your intent to remove your child from the class.

If the Government orders us to close, we will charge 20% of monthly tuition to hold your spot until we are able to reopen. The 20% credit will be used as payment for the month we reopen.

 I understand and agree to the terms stated above.

Signature: