

KID'S HIDEOUT

Admissions Agreement 2019-2020

(One child per form)

I agree to enroll my child, _____, in Kid's Hideout for the 2019-2020 school year and agree to pay a non-refundable Registration fee of \$50 (for the 1st child and \$20 for each additional child) at the time of enrollment. (This fee will be added to your account). This fee will ensure my child's spot in the program. ***I also agree to pay the tuition on the 25th of each month for the upcoming month of care.***

_____ Drop-in only basis – no set schedule: \$6.50 per half hour (In order to use drop-in, you must fill out all of the required paperwork **before** your child can attend the first time. Students enrolled on drop-in basis are not guaranteed space.)

KINDERGARTEN: (reminder that kinders must be picked up by 1:30 on Wednesdays unless enrolled until 4:30 or 6)

Requested Schedule	Mon	Tue	Wed	Thur	Fri
Sunrise (7:00 – 8:15)	_____	_____	_____	_____	_____
Sunflower (8:15-9:30, 2-2:30)	_____	_____	_____	_____	_____
Daffodil (12:45 – 2:30)	_____	_____	_____	_____	_____
Maple (7 am to K class, after K class to 2:30)	_____	_____	_____	_____	_____
Oak (before and/or after K to 4:30)	_____	_____	_____	_____	_____
Elm (before and/or after K to 6:00)	_____	_____	_____	_____	_____
Redwoods (Full-time, before & after kinder, 7 am to 6 pm)	_____	_____	_____	_____	_____

1ST THROUGH 5TH GRADE: (reminder that students are released from Springhill at 1:42 on Wednesdays)

Requested Schedule	Mon	Tue	Wed	Thur	Fri
Sunrise (7:00 – 8:15)	_____	_____	_____	_____	_____
Adventure Club (2:42 – 4:30)	_____	_____	_____	_____	_____
Adventure Plus (7:00 – 8:15, 2:42 – 6)	_____	_____	_____	_____	_____
Sunset Club (2:42 - 6)	_____	_____	_____	_____	_____
Explorer Club (Full-time, before & after school for 1st – 5th)	_____	_____	_____	_____	_____

Monthly Rate is _____ (Please see FEE page on website for rates and additional fees)

BASIC SERVICES OFFERED: The Kid's Hideout agrees to provide supervision for your child during the days and times that you have indicated above. Our hours of operation are Monday through Friday from 7 AM to 6 PM on regular school days, and 7:30 AM to 6 PM on In-service Days and Camp Days. Summer Hours will be indicated on Summer Registration form. In addition to free play, we offer the following activities/programs while your child is in our care:

- Breakfast Club: 7:15 AM – 7:45 AM
- Teacher Directed Activity Time during Kindergarten care: 8:45 – 9:15 AM / 1:00 – 1:30 PM
- Afternoon Snack: 2:42 – 3:00
- Homework Club: 2:45 – 3:15
- Activity Club (Teacher Directed Activities – TDA): 3:30 – 4:30

Some of the activities offered include, but are not limited to: Art & Crafts, Science, Ooey Goey Club, Painting, Chess, Sports, Sensory Club, Mindfulness and Kindness Clubs

Rates: These are monthly rates based on number of consistent days attending per week.

Kindergarten Program	1 day	2 days	3 days	4 days	5 days
Sunflower - 8:15-9:30, 2-2:30 (1.75)	\$99	\$176	\$247	\$303	\$351
Daffodil - 12:45 - 2:30 (1.75)	\$99	\$176	\$247	\$303	\$351
Maple - 7 - 8:15+1.75 k hrs	\$150	\$265	\$360	\$455	\$540
Oak - 1.75 k hours + 2:30 - 4:30	\$169	\$302	\$408	\$515	\$599
Elm 1.75 k hours + 2:30 - 6	\$223	\$394	\$551	\$646	\$689
Redwood 7 - 8:15 + 1.75 k hrs +2:30 - 6	\$260	\$472	\$612	\$707	\$761

1st thru 5th grade Program	1 day	2 days	3 days	4 days	5 days
Sunrise Club (7 - 8:15 AM)	\$76	\$141	\$197	\$243	\$281
Adventure Club (2:42 - 4:30 PM)	\$99	\$176	\$247	\$303	\$351
Adventure Plus (7 - 8:15 AM, 2:42 - 4:30 PM)	\$150	\$265	\$360	\$455	\$540
Sunset Club (2:42 - 6 PM)	\$159	\$282	\$380	\$480	\$552
Explorers Club (7 - 8:15 AM, 2:42 - 6 PM)	\$188	\$339	\$473	\$575	\$605
If Wednesday pm is one of your days, add:	\$20	\$15	\$10	\$5	\$0

RATES & ADDITIONAL FEES: Monthly payments are calculated for the school year of mid-August through May and split into 10 equal payments (pro-rating August). Payment is due on the 25th of the month prior to care. **No refunds or exchanges will be made for time missed, holidays or vacations during the school year.** Late payments are subject to a \$20 fee if payment is not received before the 1st. If payment is not made by the end of the month of care, your child may not be accepted back into the program until your account becomes current or payment arrangements are made. This may cause you to lose your spot if there is a wait list. There is a late pick-up fee if your child is not picked up on time. Please see below for **late pick-up** fees. Late fees are **payable in cash to the teacher in charge** at time of pick-up if you are late at the 6 PM *pick-up* time. Rates for Extra Care or Camp Days and Block Rates (for additional days that do not fall on your regular day) are located in the **FEE SECTION** on our website. Add-on Care is available if you need additional care on your regular day at \$5.50 per half hour. Drop-in hours are available at \$6.50 per half hour for those registered on a "drop-in" basis only. **Please contact the director first to ensure there is space for add-on or drop-in requests.** Add-on & Drop-in hours will be calculated and added to your bill, which will be emailed around the 20th of the month. All checks should be made payable to KID'S HIDEOUT and placed in the tuition box in the office, or mailed to us. Credit card payments can be set up. *Rates for summer camps will be posted with Registration Information around February each year. Our summer program is very flexible. For more information on our summer program, please contact Beth at 925-283-7808 or beth@kidshideout.net. You can also download registration forms at www.kidshideout.net.*

WITHDRAWAL: Parents are required to give a two-week written notice to the director when they intend to withdraw their child from the program or when decreasing days and/or hours. Parents are responsible for the regular rates for the two weeks following the date that the notice was given, regardless of actual use. This notice can also be made via e-mail. *Verbal notification is not an acceptable form of notice.* If you choose to re-enroll, the \$50 registration fee may be required again. Requests must be made with the director.

REQUESTED WITHDRAWAL/DISMISSAL FROM DIRECTOR: Hideout reserves the right to dismiss the child if, in the program's opinion, 1.) The child's needs can no longer be met by the program, 2.) The child poses a threat to the safety of the other children, the program or him/herself 3.) The child's negative behavior continues to be a disruption to the program, 4.) Payments are late on a continuous basis or are not paid by the end of the month, or 5.) Child is consistently being picked up late. Please refer to the Discipline Policy in the Parent's Handbook for more information on our discipline policy.

RIGHTS OF THE LICENSING AGENCY: The State of California Community Care Licensing Agency shall have the authority to interview children and staff and to inspect and audit the child or facility records without prior consent. The Hideout shall make provisions for private interviews with any child or staff member; and for the examination of all records relating to the operation of the child care center. The Licensing Agency shall have the authority to observe the physical condition of the child(ren), including conditions that could indicate abuse, neglect, or inappropriate placement.

Please initial to the left that you have read of each of the following, and sign below:

_____ I have reviewed the Handbook and the Fee Sheet (found on the Hideout website) and agree to comply with the conditions stated within.

_____ I agree to pay the late fee of \$1 per minute if my child is not picked up on time. This refers to the 2:30 pick-up time for kindergartners, and the 4:30 PM and 6 PM pick-up time for all children. ***I understand that this fee will increase to \$25 per minute after 5 occurrences. If you are late more than 10 times in one school year, we may request that you look for alternative care for your child.***

_____ I agree to pay a \$20 late payment fee if my payment is not submitted before the 1st. (Payment is due on the 25th and considered late on the first).

_____ I agree to pay the \$25 fee if I fail to sign my child in or out, after two warnings. I understand that if Hideout is fined by Licensing for my failure to sign in/out, the fee will be passed on to my family.

_____ I agree to pay the ***\$25 fee if I fail to call Hideout to inform them that my child is not coming*** on his/her scheduled day, after two warnings. ***I understand that this fee will increase to \$50 per occurrence starting with the 6th occurrence.*** I understand that a great deal of time is spent by staff calling parents and searching for children who do not arrive to the program after school because parents forget to notify Hideout that their child will be absent that day, and this can potentially compromise the quality and safety of the program for all children.

_____ I understand that all monies paid are non-refundable, with the exception of **In-service** and/or **Camp** days where *Hideout closes* due to low enrollment. Notice of such closures will be made within one week prior to "extra care" day(s).

_____ I agree to give the school two-weeks **written** notice (can be made via e-mail, too) when I intend to withdraw my child from the program or when I intend to decrease my child's scheduled days and/or hours. I understand that I am responsible to pay my regular rate for the two weeks following the date **written** notice is given. (Verbal notification is not an acceptable form of notice.) Notice **MUST** be given to director – not staff. I also understand that the reduced schedule I want may not be available, so I will either need to keep the schedule I have or withdraw from all days so that Hideout can fill any openings from the wait list.

_____ I understand that exchanges ***will not be granted*** for missed days due to illness, vacation, play-dates or holidays, as Hideout staffing is set according to the contracted days of each child. I understand that I may request "Add-on" care (at \$5.50 per half hour) if I need my child to attend additional time, or an additional day. *(Please contact director to request. We will notify you of availability.)*

_____ I have read this Admissions Agreement and will abide by its terms.

Parent's / Guardian's Signature

Date

Director's Signature

Date

Checks should be made payable to **KID'S HIDEOUT**. Kid's Hideout has a **no-refund** policy. Parents will be given a sixty-day (60) written notice for any rate increases.

Notes:

Kid's Hideout - 3309 Springhill Rd., Lafayette, Ca. 94549

CHILD'S NAME: _____ PHONE: _____ BIRTHDATE: _____ GRADE: _____

ADDRESS: _____ CITY _____ ZIP _____

EMAIL(S): _____

PARENT/GAURDIAN NAME(S) _____ CELL # _____ WORK # _____

NAME(S) OF EMERGENCY CONTACT(S) AUTHORIZED TO PICK UP IF PARENT(S) CAN NOT BE REACHED:

NAME _____ PHONE _____ RELATIONSHIP _____

ADDITIONAL PEOPLE WHO ARE AUTHORIZED TO PICK UP (Not already listed above):

NAME _____ RELATIONSHIP _____ NAME _____ RELATIONSHIP _____

CONSENT FOR MEDICAL TREATMENT

AS THE PARENT/AUTHORIZED REPRESENTATIVE OF (CHILD) _____, I HEARBY GIVE CONSENT TO **KID'S HIDEOUT** TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY LICENSED PHYSICAIN (MD), OSTEOPATH (DO) OR DENTIST (DDS) FOR MY CHILD. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDIITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

MY CHILD HAS THE FOLLOWING MEDICATION ALLERGIES OR LIMITATIONS:

Physician _____ Address: _____ Phone: _____

Hospital preference _____ Insurance carrier _____ Plan # _____

Dentist name _____ Phone _____

Are there any other medical/social issues that we should be made aware of: _____

Food Allergies: _____

Does your child need to take **doctor-prescribed** medicine? YES NO If yes, name: _____

(If any medication needs to be given at Hideout, please fill out the **Permissions to Administer Medicine** form. Please give form and medicine (must be in original container with instruction & label intact) directly to the teacher in charge. Please DO NOT put medicines in your child's backpack or lunch. Form MUST be on file before medicine can be administered. Hideout cannot administer over the counter medicine with out a doctor's note.)

parent/authorized representative signature _____ title _____ date _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 1515 Clay St, Suite 1102, Oakland, CA. 94602

Licensing Office Telephone #: 510.622.2602

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

LIC 995 (8/02)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Kid's Hideout

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing

ADDRESS

1515 Clay Street, #1102

CITY

Oakland

ZIP CODE

94602

AREA CODE/TELEPHONE NUMBER

510.622.2602

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Kid's Hideout

(PRINT THE ADDRESS OF THE FACILITY)

3301 Springhill Rd. Lafayette, CA 94549

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Kid's Hideout

3309 Springhill Rd
Lafayette, CA 94549
925-283-7808

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled monthly charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. You will receive your monthly statement at least 3 days prior to the payment being collected. You agree to contact me by the 24th if you dispute the amount listed to give me the opportunity to research and correct the fees if incorrect, otherwise, the total amount listed on your statement will be processed on the 25th. If you fail to contact me by the 24th and the fees listed are incorrect, a credit will be placed on your account and the fees for the following month will be adjusted. **You can cancel this authorization with written notice. See disclosure below signature line.*

Please complete the information below:

Student(s) _____ Regular Monthly fees (family total) \$ _____

I _____ authorize **Kid's Hideout** to charge my credit card
(full name)

indicated below on the **25th** of each month for payment of our **child care services** for the upcoming month of care.

Beginning on: _____ / _____ / _____ Ending on: April / 25th / 2020 .
Month Day Year Month Day Year

I understand that I will receive a monthly invoice around the 20th of each month. Our August fees will be pro-rated based on our contracted days between August 21st and 31st. The statement will be delivered electronically by July 20th and the fees will be collected on July 25th. Our June fees will be pro-rated based on our contracted days between June 1st and the last day of school. Our June statement will be delivered electronically by May 20th and fees will be collected on May 25th.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Declined card fee: \$20.

Account Type: Visa MasterCard Amex Discover Other _____

Cardholder Name _____

Account Number _____

Expiration Date _____

SIGNATURE _____

DATE _____

* I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing or the "end date" listed above has been reached, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.