



Calgary Child's Play

CREDIT CARD AUTHORISATION FORM

I, _____ (parent/guardian name) authorize Calgary Child's Play INC. to charge my monthly invoice amount of \$ _____ (please check): *enrollment fee must be paid to hold your space

- Enrollment fee (annual onetime payment)
- Child care
- Easter Break
- Summer Camp

For _____ (child(ren) name)

Using my (please check):

- Visa Mastercard
- Diners American Express

Credit Card Number

Expiration date: _____ / _____
mm / yy

3 digit CSV number

Signature of cardholder _____

Print name as it appears on the card _____

Billing address _____

Amount \$ _____ Programme location _____

<i>Office use only</i>		
Mo.	Amt.	trans. complete
Jan	_____	<input type="checkbox"/>
Feb	_____	<input type="checkbox"/>
Mar	_____	<input type="checkbox"/>
April	_____	<input type="checkbox"/>
May	_____	<input type="checkbox"/>
June	_____	<input type="checkbox"/>
July	_____	<input type="checkbox"/>
Aug	_____	<input type="checkbox"/>
Sept	_____	<input type="checkbox"/>
Oct	_____	<input type="checkbox"/>
Nov	_____	<input type="checkbox"/>
Dec	_____	<input type="checkbox"/>

Fees for Before & After School Care are taken on the 1st of each month.

There will be an additional administration fee of \$5.00 per transaction to pay by credit card.