



Visa and MasterCard Payments

Child's Name: _____

School/Clubhouse Program: _____

Credit Card Information:

- Visa
- MasterCard

Card Number:

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Expiry Date:

mm		yy	

Name as it appears on card: _____

(Please print clearly)

Home number: _____ **Cell number:** _____

By evidence of my signature, I do hereby authorize Tomorrow's Topkids Child Care Society to begin charging my credit card on the first (or first business day) of every month for the monthly regular recurring payment. Tomorrow's Topkids will obtain my authorization for any other one time or sporadic payments (i.e. registration fee, winter or spring break) prior to any charge.

Signature: _____ **Date:** _____