



Summer Adventures Program

Visa and MasterCard Payments

Child's Name: _____

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:** _____

CHOOSE ONE – read carefully

- Please charge my credit card for the FIRST WEEK OF CARE at this time **AND** for the REGULAR RECURRING payments as indicated by my summer registration form (i.e. card will be debited each Monday of the week your child is registered)

Amount \$ _____ to be charged each time.

- Please charge my credit care for the FULL AMOUNT DUE

Amount \$ _____

By evidence of my signature, I do hereby authorize Tomorrow's Topkids Child Care Society to begin charging my credit card as indicated above.

Signature: _____ **Date:** _____