



Payment Agreement and Authorization Form

I, _____, hereby authorize KIDS FIRST of SoCal to automatically charge my credit/debit card from the financial institution listed below. I understand and agree that this authorization will remain in effect until I indicate otherwise to KIDS FIRST of SoCal with a 2 week non-refundable pre-paid notice in writing.

KIDS FIRST school site: _____ Start Date: _____

Name of child: _____
(PRINT)

Desired Schedule:

After School (\$85 weekly) Drop In (\$_____) (see tuition rates)

The non-refundable registration fee of \$50 per child (per school year) will be deducted from the first credit/debit card payment in addition to the first week tuition fee.

Payments will be deducted weekly in the amount of \$ _____
Payment by cash or check for Enrollment only \$ _____

Name as it appears on credit/debit card: _____

Visa MC Discover American Express

Account #: _____ Exp. Date: _____ V Code: _____

Billing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Registration fee (\$50.00) Paid____ Not Paid____

Int: _____
Date: _____