



EFFECTIVE Date : _____

Check if a change:___ Effective Date of Change _ _____

2016-17 CREDIT CARD PROCESSING FOR STAR AND MORNING CARE

Pre-pay your child’s STAR and Morning Care fee by credit card.

You can select to pre-pay for the month with our credit card processing. This time saving service is completely secure by “SecureSave”™. By using this service, you will not need to come into the office to make payments. A receipt will be immediately generated and sent to you.

Tuition invoices will be sent to you via email on or before the 1st of each month, beginning with September 1st and continuing through May 5, 2017.

Please enter your contact information below.

Parent Name: _____ Student Name: _____
Cell phone: () _____ Work Phone: () _____
Email address: _____

Monthly Fees:

- STAR tuition is \$165.00
- Morning Care tuition is \$95.00

Please initial:

_____ I understand I may change the card number at any time by contacting the school office.

_____ I understand I can call the school office *before* the 1st of the month, to change the payment selection by cash or check.

_____ I can also pay for other school fees, ie: lunch, field trips, etc. with this credit card processing program.

I choose to receive receipts by: _____email or _____send home with student.

AUTOMATIC CREDIT CARD PAYMENT

_____ I authorize CSE to debit/charge my credit card below, on the 5th of each month beginning Sept. 5, 2016 through May 5, 2017, \$165.00 for the monthly STAR tuition.

_____ I authorize CSE to debit/charge my credit card below, on the 5th of each month beginning Sept. 5, 2016 through May 5, 2017, \$95.00 for the monthly Morning Care tuition.

_____ I will call the school office to authorize CSE to debit/charge my credit card below for a specific amount. (All school fees may be paid in this format.)

Card Type ___ Visa ___ MC ___ Amex ___ Discover
Card # (last four digits only) _____ Expiration date ___/___ (mm/yy)
Address associated with card: _____ City: _____
Zip code associated with billing address: _____

Authorized Signature: _____ Date: _____

Print Name: _____