SummerGATE Before/After School Child Care Payment Authorization

Child's Name: _____   Grade: _____
(Please Print)

I wish to use before/after care for my child during Session(s):   I   II   III
(Please circle all that apply)

AM Time Needed: _____

PM Time Needed: _____

Rate for before/after care is $7.50 per hour.

☐   I authorize you to charge my credit card. (Required if your child attends more than once.)

☐   I will pay by cash or check when picking up my child. (For one-time child care only)

Credit card information (circle one):   Visa   Mastercard   Discover

Expiration Date

ID #

Name as it appears on the card: _____
(Please print)

Signature: _____