

A CHILDREN'S HABITAT MONTESSORI SCHOOL

CREDIT CARD AUTHORIZATION FORM



A Children's Habitat
MONTESSORI SCHOOL

For questions, please contact the office.

Date of Submission: mm/dd/yyyy

A Children's Habitat Montessori School requires payment by credit card for most transactions. Please ensure that your current credit card information is securely on file with the office.

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Contact Phone: _____

Contact Email: _____

I, the undersigned, agree to allow A Children's Habitat Montessori School to charge my credit card for the following items (please initial all that apply):

_____ Annual Tuition Payment (*charged on or near the 15th of August*)

_____ Monthly Tuition Payment (*charged on or near the 15th of each month, August to April*)

_____ Other Tuition Items – Early Morning Drop-Off, Afternoon Enrichment, etc.
(*charged on or near the 15th of the month the student attends said programs*)

_____ Other School Items – Spirit Wear, Fundraising Tickets, Field Trip Fees, etc.
(*charged on or near the 15th of the month the purchases are made*)

_____ I understand that I am responsible for payments due to A Children's Habitat Montessori School and that declined payments may be subject to penalty under my enrollment contract.

Cardholder Signature: _____

