

SummerGATE Before/After School Child Care Payment Authorization

Child's Name: _____
(Please Print)

Grade: _____

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 \$8.00 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

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Expiration Date

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ID #

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

Signature: _____