### TOWN OF ARLINGTON

### PARK COMMISSIONERS

Jon Marshall, Director of Recreation Donald Vitters

Erin Campbell, Recreation Supervisor Leslie Mayer

Elena Bartholomew Jennifer Rothenberg

Shirley Canniff

**Recreation Department**

ARLINGTON RECREATION KID CARE AFTER SCHOOL PROGRAM

PAYMENT FORM

2017-18 SCHOOL YEAR

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_ CHILD’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM: ARLINGTON RECREATION KID CARE

I UNDERSTAND THAT THE ABOVE PROGRAM IS TO BE PAID ON AN AUTOMATIC MONTHLY PAYMENT BASIS AND THAT THE PAYMENTS ARE MADE ON OR NEAR THE FIFTEENTH OF EACH MONTH. THE INITIAL PAYMENT AT THE TIME OF REGISTRATION WAS FOR THE MONTH OF SEPTEMBER AND MONTHLY PAYMENTS WILL BEGIN IN SEPTEMBER FOR THE REMAINING NINE MONTHS. THE FIRST MONTH'S TUITION IS NON-REFUNDABLE. AFTER THE FIRST MONTH, WITHDRAWALS OR CHANGES MUST BE SUBMITTED TO RECREATION OFFICE BY THE 15TH OF THE PRIOR MONTH TO AVOID BEING CHARGED FOR THE MONTH.

*I AUTHORIZE AUTOMATIC PAYMENTS TO BE MADE TO ARLINGTON RECREATION FOR THE KID CARE PROGRAM.*

PLEASE CIRCLE: MASTERCARD VISA DISCOVER

CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPIRATION DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SECURITY CODE 3 DIGITS\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT NAME AS IT

APPEARS ON THE CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_