

COUNTY OF SANTA CRUZ DEPARTMENT OF _____
PARKS, OPEN SPACE AND CULTURAL SERVICES

**After-School Childhood Enrichment (ACE) Automatic Charge Authorization
2016-2017 School Year**

Payee Name: _____ Child's Name: _____

Address: _____

Phone: (work) _____ (home) _____ (cell) _____

Recreation Site Location: _____ Registration Option: 100% 60% 40%
(please circle one)

Days of Week Attending (if consistent schedule) _____

Credit Card #: _____ Expires: _____

For your convenience, we are offering automatic credit card billing for 100%, 60% and 40% After-School Childhood Enrichment (ACE) Registration. **Your credit card will be billed on approximately the 10th of each month to pay for the following month.** If you would like to take advantage of this convenient service, please sign this authorization form.

Winter, Spring and Summer Camps, as well as special all-day programs, will not be automatically charged. You must contact the office if you would like to register for these days.

If you sign up for the 60% or 40% option you are required to submit a part-time calendar to the site at the beginning of each month indicating which days your child will be attending.

You may cancel this service at any time. Please notify the office prior to the upcoming automatic billing date to avoid being charged the refund fee. If your credit card is declined more than once during the school year, for any reason, your automatic payment status may be canceled.

I authorize the County of Santa Cruz Parks Customer Service Office to automatically bill my credit card on the 10th of each month prior to the next month's program for payment of my child's ACE program fees. I understand and agree to the above-mentioned registration policies.

Signature

Date