

COUNTY OF SANTA CRUZ DEPARTMENT OF \_\_\_\_\_  
**PARKS, OPEN SPACE AND CULTURAL SERVICES**

**Kinder/TK Enrichment Automatic Charge Authorization**

**2018-2019 School Year**

Payee Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Registration Options:**

please circle your choice(s)

AM Enrichment 100%

AM Enrichment 50%\*

Wednesdays/Restructured

MID Enrichment 100%

MID Enrichment 50%\*

PM Enrichment 100%

PM Enrichment 50%\*

\*Days Attending \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_ (please attach voided check)

**OR**

Credit Card #: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV/CVC: \_\_\_\_\_

For your convenience, we are offering automatic billing for Kinder Enrichment Registration. **Your credit card/bank account will be billed on approximately the 10<sup>th</sup> 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 50% 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 payment is declined more than once during the school year, for any reason, your automatic payment status may be canceled.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date