

HOLY CROSS **NURSERY SCHOOL and CHILD CARE**
CUSTOMER PAYMENT INFORMATION
For the period beginning July 1, 2024

NAME OF PERSON(S) RESPONSIBLE FOR PAYMENT _____

PAYMENT FOR NURSERY SCHOOL TUITION AND CHILD CARE SERVICES MUST BE GUARANTEED BY A VALID CREDIT CARD. WE ENCOURAGE YOU TO TAKE ADVANTAGE OF AUTOMATIC CREDIT CARD PAYMENTS EACH MONTH. THIS ELIMINATES ANY LATE FEES.

NAME ON CREDIT CARD - _____

BILLING ADDRESS _____

CARD NUMBER - _____ EXP - _____, SECURITY CODE - _____

TYPE (M/C, VISA ONLY) _____

SIGNATURE OF CARDHOLDER - _____

Parent 1 – Name/Social Security Number

Parent 2 – Name/Social Security Number

ALL PAYMENTS ARE DUE ON THE FIRST OF EACH MONTH AND INVOICES FOR CHILD CARE ARE DUE ON RECEIPT. There is a 2% discount for payment by cash or check. HOW WOULD YOU PREFER TO MAKE PAYMENTS?

_____ - CASH/CHECK _____ - CHARGE THE CREDIT CARD LISTED ABOVE ON THE DUE DATE

I AGREE THAT IF MY ACCOUNT BECOMES DELINQUENT BY MORE THAN 10 DAYS, MY CREDIT CARD WILL BE AUTOMATICALLY CHARGED FOR THE AMOUNT DUE. I UNDERSTAND THAT MY CHILD WILL NOT BE ALLOWED TO RETURN UNTIL MY ACCOUNT IS CURRENT. I FURTHER UNDERSTAND THAT IF I PAY A DISCOUNTED RATE FOR ANY SERVICES, THAT DISCOUNT WILL BE FORFEITED IF MY ACCOUNT BECOMES DELINQUENT.

Signature

Date

Signature

Date