

Regional YMCA of Western Connecticut
Greenknoll Children's Center
Credit Card Authorization
2010 Summer Club Payments

I/We, the family of (please print): _____ wish to pay Summer Club tuition with a credit card. The following confidential information is provided:

1. Type of Card: Visa Master Card American Express Discover

2. Credit Card Number: _____

3. Expiration Date: _____

4. Authorized Signature on Card: _____

5. Home Phone: () _____ - _____

6. Work or Cell Phone: () _____ - _____

7. Current home address: _____
 _____, _____

Please check off the weeks you have your child registered for. *Tuition will be deducted from your credit card as noted on this form one week in advance.* A printed receipt will be returned to you.

Check Each Week Registering For	Date	Weekly Fee	Credit Card Payment	Date Paid
1.	6/28/10	\$270		
2. Closed 7/05	7/05/10	\$235		
3.	7/12/10	\$270		
4.	7/19/10	\$270		
5.	7/26/10	\$270		
6.	8/02/10	\$270		
7.	8/09/10	\$270		
8.	8/16/10	\$270		
9.	8/23/10	\$270		

Parent /Guardian Signature: _____ Date: _____