



**2023-2024 Recurring  
Payment Option  
Authorization Form**

**This form must be typed.** No handwritten forms will be accepted. Please complete all fields. You may cancel this authorization at any time by contacting the school. This authorization will remain in effect for the entire school year.

**STUDENT INFORMATION**

1	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADE LEVEL
2	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADE LEVEL
3	LAST NAME	FIRST NAME	M.I.	DOB	AGE	GRADE LEVEL

**PAYMENT OPTION (Select ONE)**

\*  ID and  Credit Card must be presented at time of submission. \_\_\_\_\_ Initials of Staff Member Verifying

<b>CREDIT CARD</b>	NAME ON CARD	PRIMARY PHONE #				
	BILLING ADDRESS	CITY	STATE	ZIP		
	EMAIL (Required)					
	<input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER <b>NOT ACCEPTED: AMERICAN EXPRESS</b>					
	CARD NUMBER	EXPIRATION DATE		SECURITY CODE (3 Digits)		

\*  ID and  Voided Check must be presented at time of submission. \_\_\_\_\_ Initials of Staff Member Verifying

<b>EFT</b>	NAME ON ACCOUNT	PRIMARY PHONE #				
	ADDRESS	CITY	STATE	ZIP		
	EMAIL (Required)					
	ABA (TRANSIT ROUTING) NUMBER	CHECKING ACCOUNT NUMBER		NAME OF FINANCIAL INSTITUTION		

**PAYMENT AGREEMENT**

**By checking this box, I confirm that I have reviewed the After School Care Program Handbook and agree to the payment terms outlined in that document regarding the Payment Plan I have selected on Page 2 of this form.**

I hereby authorize Discovery Education Services, Inc. to charge the above credit card and/or bank account for school expenses associated with the student(s) listed such as After School Care Program, Lunch and Late or Lost Library or Textbook Book Fees. I certify that I am an authorized user of this credit card and/or bank account and that I will not dispute the payments with my credit card company; so long as the transaction corresponds to the terms indicated in this form. I understand that my information will be saved for future transactions on my student's account and that it is my responsibility to notify the school if my credit card or bank account information changes.

**Card Holder Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_



## **PAYMENT PLAN (Select ONE)**

Registration for the After School Care Program extends for the entire school year. The initial payment will be automatically processed on August 1<sup>st</sup>, or upon submission of the paperwork if after August 1<sup>st</sup>.

### **ANNUAL**

Payment is based on 180 school days. Days which the school is closed for scheduled holidays or breaks are excluded from this calculation. Full fees are due even if the student is absent from the ASCP for one or more days.

- \$1650** Advanced Payment Discount Rate (Invalid after Friday, October 11<sup>th</sup>)

*Sibling Discount:* One student will be charged the rate of **\$1650** while all remaining siblings will receive the discounted rate of **\$1000** regardless of campus attending.

- \$1800** Standard Rate

*Sibling Discount:* One student will be charged the rate of **\$1800** while all remaining siblings will receive the discounted rate of **\$1080** regardless of campus attending.

### **MONTHLY**

Payment is based on 180 school days and have been evenly distributed across 10 monthly payments. Days which the school is closed for scheduled holidays or breaks are excluded from this calculation. For example: The payment amount for the month of December, which contains Winter Break, will be the same amount as the payment for the month of September due to the even distribution of payments across the entire school year.

Payment must be received in advance of services so will automatically be processed on the 1<sup>st</sup> of each month with the initial payment being collected August 1<sup>st</sup>, or upon completion of registration if after August 1<sup>st</sup>. Automatic, recurring payments will continue each month with the final payment being collected May 1<sup>st</sup>. Full fees are due even if the student is absent from the ASCP for one or more days.

- \$180** Standard Rate

*Sibling Discount:* One student will be charged the rate of **\$180** while all remaining siblings will receive the discounted rate of **\$108** regardless of campus attending.

### **EMERGENCY USAGE (\$20/student)**

Daily rates are for emergency situations only and payment is required on the day of service.