



Kinder Kids/Tiny Tots Preschool Payment Plan: 2023-2024

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|---|--------------------------------------|--------------------------------|-------------------------------|
| <input type="checkbox"/> City Park Rec Center | <input type="checkbox"/> Kinder Kids | <input type="checkbox"/> M/W/F | <input type="checkbox"/> A.M. |
| <input type="checkbox"/> West View Rec Center | <input type="checkbox"/> Tiny Tots | <input type="checkbox"/> T/Th | <input type="checkbox"/> P.M. |
| <input type="checkbox"/> The MAC | | | |

Primary Guardian: _____ Child's Last Name: _____
(Last Name, First Name) (Last Name, First Name)

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Email: _____

I hereby agree to the following payment plan for the Kinder Kids or Tiny Tots Preschool program:

\$_____ will be charged to my credit/debit card each month from Oct. 2, 2023 through Apr. 2, 2024. If the 2nd day of the month falls on a weekend or a holiday, the withdrawal will be made on the next business day.

2023-2024 payment schedule: Oct. 2, Nov. 2, Dec. 4, Jan. 2, Feb. 2, Mar. 4, Apr. 2

Please select and fill out one option below. *Please print clearly.*

Credit Card Type: VS MC DS AMEX

Credit Card Number: _____ *Expiration Date: _____

3 or 4 Digit Security Code: _____

If the expiration date is between 10/23-04/24, please make a note to call 303.658.2717 or 303.658.2222 to update your account **BEFORE your card expires.*

**If the billing address of your card does not match the home address listed above, the card will not go through.*

I hereby acknowledge that I shall remain liable to pay the entire remaining amount for the re-enrollment in the Kinder Kids or Tiny Tots program should any credit card payment be rejected.

Billing: All monthly fees shall be automatically deducted from the participant's credit/debit card. Customer may at any time pay the remaining dues owed to the City and cancel remaining withdrawals owed on the current contract year.

Cancellation of automatic withdrawals does not relieve customer of contract obligation. Customer is responsible for the entire balance stated in this contract.

The undersigned states that he/she has read and understands the terms of this agreement. He/she agrees to be bound to this agreement, and acknowledges that he/she has received a copy of this agreement.

I have read and agree to this payment plan.

Signature: _____ Date: _____

Office Use Only:

Date Processed: _____ Processed By (please initial): _____

Credit Card Update (date & initials): _____