



# Ss. Constantine & Helen Preschool

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## Authorization of Credit Card Use

Student's Name  \_\_\_\_\_

Tuition Amount (*Select one option*):

- Monthly Tuition Amount: \$  \_\_\_\_\_ (*Charged one week before month due*)  
 Semester Tuition Amount: \$  \_\_\_\_\_ (*Charged in September and January*)  
 Yearly Tuition Amount: \$  \_\_\_\_\_ (*Charged in September*)

Additional Services (*Select all that apply*)

- Before & After Care (*Per hour rate of \$10; charged monthly*)  
 Lunch Bunch (*Per day rate of \$8; charged monthly*)

Cardholder's Name (*As shown on card*): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
Street City Zip Code

Credit Card Type (*Select one*):  Visa  Mastercard  Discover  AMEX

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (*Last 3 digits on the back of the card*)

I authorize Ss. Constantine & Helen Preschool to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder's Signature \_\_\_\_\_ Date: \_\_\_\_\_