



Just for Kidz

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Licensed Childcare

THIS LETTER IS GIVING MY PERMISSION TO JUST FOR KIDZ TO RUN THE FOLLOWING CREDIT CARD NUMBER ON FRIDAYS EACH WEEK FOR MY CHILD'S TUITION THE FOLLOWING WEEK. I REALIZE THAT IN THE POLICIES IT STATES THAT PAYMENT IS DUE BY MONDAY AT PICK-UP AND THIS CREDIT CARD NUMBER ASSURES MY BALANCE WILL BE PAID IN FULL THE FRIDAY BEFORE EACH WEEK OR IF I AM TO PAY IN A DIFFERENT METHOD OF PAYMENT (DEBIT, CASH, OR CHECK), IT IS TO BE TURNED INTO JUST FOR KIDZ BY DROP-OFF FRIDAY (BEFORE PROCESSING). IN THE POLICIES IT ALSO STATES THAT IF MY CHILD IS NOT IN ATTENDANCE FOR A WEEK AT JUST FOR KIDZ THAT THERE IS STILL PAYMENT DUE FOR THE ABSENT WEEK, UNLESS I DIS-ENROLL MY CHILD USING THE PROPER PROCEDURE AS DESCRIBED IN THE POLICIES BEFORE-HAND. I CERTIFY THAT THE CREDIT CARD NUMBER AND EXPIRATION IS VALID AND IF EITHER ARE TO CHANGE, I WILL NOTIFY JUST FOR KIDZ. I UNDERSTAND THAT IF FOR ANY REASON I LEAVE JUST FOR KIDZ WITH AN OUTSTANDING BALANCE MY CARD WILL BE RUN TO RESOLVE THE BALANCE IN FULL WITH ANY LATE FEES. I UNDERSTAND THAT IF FOR ANY REASON MY CARD IS DECLINED WHEN IT IS PROCESSED, \$5.00 PER DAY LATE FEES WILL INCUR IMMEDIATELY AND UNTIL THE PAYMENT IS PAID IN FULL. I GIVE PERMISSION FOR JUST FOR KIDZ TO RUN MY CARD WITH ANY LATE FEES AS SOON AS FUNDS ARE AVAILABLE TO THEM.

CREDIT TYPE _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

3-DIGIT CVC CODE _____

NAME ON CARD _____

SIGNATURE _____

PRINTED NAME _____

DATE _____

CHILD'S NAME(S) _____

WEEKLY TUITION: \$ _____

____ I WANT MY CREDIT CARD RUN ON A WEEKLY BASIS ____ I WANT MY CARD RUN BI-WEEKLY

*PLEASE RUN MY CARD: (CIRCLE ONE)

THE FRIDAY BEFORE SERVICE OR THE MONDAY OF THE WEEK OF SERVICE

*\$50 REGISTRATION FEE WILL BE DRAFTED IF NOT PAID OTHERWISE BY JAN 31, 2015

*\$60 SUPPLY FEE/ MAT FEE EACH CHILD WILL BE DRAFTED IF NOT PAID OTHERWISE ON MAR 31 & AUGUST 31.