



ST. FRANCIS OF ASSISI PRESCHOOL
5111 San Felipe Road
San Jose, CA 95135

CREDIT CARD AUTHORIZATION FORM

Name: _____ Child Name _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____

Email Address: _____

Credit Card Number: _____

Expiration Date: _____

The monthly tuition for my child's preschool attendance is due before the end of each current month as payment for each incoming month, with a grace period up to the 5th day of the incoming month.

I agree that my credit card will be charged the tuition fee for the incoming month and a \$30.00 late fee, if this has not been paid and received by St. Francis of Assisi Parish by the 5th day of the incoming month.

Agree: _____

Parent/Guardian Signature

Date: _____