

After School Rendezvous Monthly Billing

Electronic Funds Transfer (EFT) Waiver

I understand that if my credit card is declined, I will no longer be able to use the monthly billing program and must pay my fee in full for the rest of the school year.

Signature: _____

1. Child's Name: _____

2. School Child Attends: _____

3. Grade: _____

4. Resident Non Resident

5. Annual Pass Holder Non Pass Holder

6. **Days:** M T W TH F All 5 Days

7. **Session:** Fall Winter Spring All 3 Sessions