

After School Rendezvous Monthly

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. **Circle:** Resident / Non Resident
5. **Circle:** Annual Pass Holder/ Not a Pass holder
6. **What Days:** M T W TH F ALL 5 DAYS
7. **Circle:** Fall Session / Winter Session / Spring Session / All 3 Sessions