



CREDIT CARD

AUTHORIZATION CONTRACT (1st-8th Grade ONLY)

I authorize High Desert Montessori School to charge my credit card for the following school related obligations, goods and/or services only between the dates of: Start: **August 1, 2025** to end **June 30, 2026**

Child's Name: _____ Child's Grade _____

Please initial:

1. _____ **Prepayment is required**, your selection on this form will be what we use to prepare for that month of the program; i.e. staffing and projects for students, etc. **There will be no credits or refunds granted if the child is absent.**

2. _____ **Turn in this contract and Prepayment to HDMS Front Office Staff or Business Office.**

3. _____ **Late Pick-up Fee:** There will be a **late pick up fee of \$1.00 per minute** per child for any student not picked up by 5:30 PM. The late pick up form will be filled out by the caregiver, you will sign it and receive a copy prior to leaving the premises. You will be billed for \$1.00 per minute. **We are required by law to call Social Services at 6:00pm if we have not heard from you.**

4. _____ **Past Dues:** Should your account be 30 days in arrears, your child will not be admitted into our before or after care program. Your child will be sent to the office and you will be contacted for immediate pick up.

Supply Fee

_____ (initial) **Supply Fee:** Please bill a **ONE TIME** charge to my card in the amount of \$125 for my child's 2025-2026 supply fee.

(Morning Care Option)

_____ (initial) **1st-8th Grade Morning Care Monday-Friday Option:** Please bill \$100 a month for Regular Morning Care Monday through Friday) to my credit card **EACH MONTH** on the 1st OR 15th (circle one) day of the month.

(After Care Option)

_____ (initial) **1st-8th Grade After Care Monday-Friday Option:** Please bill \$150 a month for Regular Aftercare Monday through Friday to my credit card **EACH MONTH** on the 1st OR 15th (circle one) day of the month.

(Morning & After Care Option)

_____ (initial) **1st-8th Grade Morning and After Care Monday-Friday Option:** Please bill \$250 a month for Regular Morning and After Care Monday through Friday to my credit card **EACH MONTH** on the 1st OR 15th (circle one) day of the month.

Name on Card: _____

Telephone: (____) _____ - _____

Email _____

Card number _____

Expiration Date: _____ / _____ CVV _____
MM YY

Today's Date _____/_____/_____

SIGNATURE OF CARDHOLDER (I understand that my signature on this contract will serve as my authorized signature on the credit card slip for the above authorized charges.)