



2024-2025 Little Angels Preschool Credit Card Authorization

Child/Children's Names: _____

Parent Names: _____

Please provide credit card information and check an option below:

Credit Card type: (please circle) Visa Mastercard

Credit Card Number: _____

Exp. Date ____/____/____ Three-digit Code: _____

Name on Card _____

Email address _____

Billing Address _____

City, State, Zip Code _____

PLEASE CHECK PREFERRED PAYMENT OPTIONS BELOW

**There will be a 3% fee added to all Credit Card transactions*

I prefer to pay by check or cash (Credit card information is required even with this option)

- Preschool Tuition**
- Extras (EDO, LPU, Enrichment Classes, Lunch Pals)**

I prefer to pay by credit card

- Preschool Tuition**
- Extras (EDO, LPU, Enrichment Classes, Lunch Pals)**

By signing below, I authorize St. Michael's Episcopal Church to charge the above credit card

- **As authorized above and**
- **For any past due balance over 30 days**

Signature _____