

TOWN OF ARLINGTON



Recreation Department

**ARLINGTON RECREATION KID CARE PRESCHOOL PROGRAM
PAYMENT FORM
2019-20 SCHOOL YEAR**

DATE: _____ CHILD'S NAME: _____

ADDRESS: _____

PHONE: HOME _____ WORK _____ CELL _____

EMAIL: _____

PROGRAM: ARLINGTON RECREATION KID CARE PRESCHOOL

I UNDERSTAND THAT THE ABOVE PROGRAM IS TO BE PAID ON AN AUTOMATIC MONTHLY PAYMENT BASIS AND THAT THE PAYMENTS ARE MADE ON OR NEAR THE FIFTEENTH OF EACH MONTH.

I AUTHORIZE AUTOMATIC PAYMENTS TO BE MADE TO ARLINGTON RECREATION FOR THE KID CARE PROGRAM.

PLEASE CIRCLE: MASTERCARD VISA DISCOVER

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE 3 DIGITS _____

SIGNATURE: _____

PLEASE PRINT NAME AS IT APPEARS ON THE CARD: _____

Please email this form to Linda at lkirchner@town.arlington.ma.us. You may also phone in the information to 781-316-3880.