



Winchester After School Program, Inc.
d.b.a. Kids' Corner
P.O. Box 773
Winchester, MA 01890
Phone: 781.721.1514
Fax: 781.729.0319

Payment Authorization Form

Personal Information

Child's Name (s): _____

Billing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Payment Options (select all that apply)

Keep on file for all authorized charges.

One time payment in the amount of _____ to be applied as payment for the following: _____.

Monthly tuition paid on the first of each month. Automatic payments will remain in effect until the school year tuition is paid in full unless otherwise noted in writing.

Summer Tuition paid on the following schedule: first 25% due upon registration, 50% due on March 15th, 75% due on May 1st, & payment in full on June 15th.

I authorize Kids' Corner to charge my credit card according to the schedule above.

Please circle one: MasterCard Visa Discover

Name (as it appears on card): _____

Credit Card Number: _____ Expiration Date: _____

3 Digit Security Code (on back of card): _____

Signature: _____ Date: _____