



Credit Card Authorization Form

I hereby authorize the Heard Natural Science Museum to charge my credit card as detailed below: Please check all that apply.

Home School & Preschool Monthly Payment Plan:

Members:	Down Payment	Oct./Feb.	Nov./Mar.	Total
1 st Child Tuition	\$85.00	\$60.00	\$60.00	\$205.00
Payment Plan Fee (monthly)	\$5.00	\$5.00	\$5.00	\$15.00
<input type="checkbox"/> Total Charge to CC 1st Child	\$90.00	\$65.00	\$65.00	\$220.00
2nd Child Tuition (10% disc.)	\$76.50	\$54.00	\$54.00	\$184.50
Payment Plan Fee (1 time)	\$5.00	\$0	\$0	\$5.00
<input type="checkbox"/> Total Charge to CC per Sibling	\$81.50	\$54.00	\$54.00	\$189.50
x _____ # of siblings				

Non-Members:	Down Payment	Oct./Feb.	Nov./Mar.	Total
1 st Child Tuition	\$105.00	\$60.00	\$60.00	\$225.00
Payment Plan Fee (monthly)	\$5.00	\$5.00	\$5.00	\$15.00
<input type="checkbox"/> Total Charge to CC 1st Child	\$110.00	\$65.00	\$65.00	\$240.00
2nd Child Tuition (10% disc.)	\$94.50	\$54.00	\$54.00	\$202.50
Payment Plan Fee (1 time)	\$5.00	\$0	\$0	\$5.00
<input type="checkbox"/> Total Charge to CC per Sibling	\$99.50	\$54.00	\$54.00	\$207.50
x _____ # of siblings				

NOTE: THE DOWN PAYMENT IS DUE AT TIME OF REGISTRATION. THE MONTHLY PAYMENTS WILL BE CHARGED ON THE 1ST OF: **FALL (OCTOBER & NOVEMBER)** **SPRING (FEBRUARY & MARCH)**

Name as it appears on card: _____

Billing address of card: _____

Type of Card:: AMEX MASTERCARD VISA

Credit Card Number: _____

Expiration Date: _____ CCV# (on back of card): _____

Signature: _____ Date: _____