



CVUSD Child Care  
 2801 Atlas Avenue Thousand Oaks CA 91360  
 Phone 805-492-3567 Fax 805-492-2302  
 Email [cvusdccc@conejousd.org](mailto:cvusdccc@conejousd.org)  
 Tax ID # 95-286-8899



**Credit/Debit Card Authorization**

I hereby authorize my financial institution to make periodic payments on my behalf from the credit/debit account listed below and transfer it to Conejo Valley USD Child Care.

**2019 MADRONA WEEKLY SUMMER CAMP**

CHILD NAME \_\_\_\_\_ Gr \_\_\_\_\_


Credit Card Payment
<input type="checkbox"/> <b>Credit/Debit Card Charge</b> _____ Visa _____ MasterCard _____ - _____ - _____ - _____ (Credit/Debit Card Number) _____ Exp(00/00) _____ CVV

- Processing Fee \$20 per week, per child \$ \_\_\_\_\_
- |           |           |           |
|-----------|-----------|-----------|
| #1 – 6/10 | #4 – 7/1  | #7 – 7/22 |
| #2 – 6/17 | #5 – 7/8  | #8 – 7/29 |
| #3 – 6/24 | #6 – 7/15 | #9 – 8/5  |

I agree to pay Summer Camp tuition as follows:

- Weeks 1-3** May 20 \$ \_\_\_\_\_
- Weeks 4-6** June 17 \$ \_\_\_\_\_
- Weeks 7-9** July 5 \$ \_\_\_\_\_
- or
- All weeks, in full (no discount)** \$ \_\_\_\_\_

**TOTAL ON CARD (incl proc fees)** \$ \_\_\_\_\_

I understand that I assume full responsibility of my payments and I will notify you if at any time I decide to make any changes, discontinue this service, or change or close my credit/debit card account. Any updates in credit card information must be received by the above tuition due dates to maintain summer camp enrollment.

Name \_\_\_\_\_  
 (as printed on credit card)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell wk hm Date \_\_\_\_\_

Signature \_\_\_\_\_

Staff Init \_\_\_\_\_

**USE THIS EFT FORM  
 FOR  
 MADRONA  
 WEEK-TO-WEEK  
 CAMP ONLY**