



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.

**2020 SUMMER CAMP – SESSION**

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

SUMMER CAMP LOCATION \_\_\_\_\_

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

Bank Draft (ACH) Payment (Voided check must be attached)
<input type="checkbox"/> <b>Checking Account Transfer</b>

Application Fee: \$30 Sess 1; \$50 Sess 2/3 - per child  
**Enrolling for: Session #1 – 6/15 #2 – 6/29 #3 – 7/20**

**Total application fee(s)                      \$ \_\_\_\_\_**

I agree to pay Summer Camp tuition as follows:

**Session #1** - May 18                      \$ \_\_\_\_\_

**Session #2** - June 8                      \$ \_\_\_\_\_

**Session #3** – July 8                      \$ \_\_\_\_\_

or

**All sessions**, in full (no discount)                      \$ \_\_\_\_\_

**TOTAL ON CARD (incl app 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 \_\_\_\_\_