Child's Name:\_\_\_\_\_

I authorize High Desert Montessori School to charge my credit card for school related obligations, goods and/or services only between the dates of: Start: <u>August 1, 2023</u> to end <u>July 31, 2024.</u>

Classroom:					
3 & 4 Year Old School Day, So			, _	follows H	IDMS
School Calendar from first day o	or school to last day of school -or-	01 6:55 AM- 3:10	J PM.		
2 9 4 Veer Old Extended Dev	<del></del>		est Mark Duage	ana falla.	
3 & 4 Year Old Extended Day Primary Extended Day Calendar	from first day of school to l	nth billed Augi	ast-may. Progr		NS
Fillilary Exterided Day Cateridar	-or-	ast day of scrib	OI) 7.30 AM- 3	).30 PM.	
3 & 4 Year Old Extended Day	~ -	oth hillad Augu	st-July Progra	m follow	IC.
Primary Extended Day Calendar			ist-july. Plogra	um tollow	5
Timary Exterioed Day Caterida	-or-	1 7 1.			
Kindergarten Extended Day,		h hilled August	-May Program	n follows	
Extended Day Calendar from first					
-Please bill \$ to my credit card <b>EACH MONTH</b> on the <u>1st</u> or <u>15th</u> (circle one) day of month.					
montn.	-and-				
	und				
(initial) Please	bill a <b>ONE TIME</b> charge to my	card in the amo	ount of \$125 for	my child's	5
2023-2024 supply fee.				•	
lame on Card:		Telephone: (	)		
Card number		Ex	piration Date:		<i></i>
			Todav's Date	/	1
SIGNATURE OF CARDHOLDER (I unders	tand that my signature on this co	ontract will serve	as my authorized	, d signature	on the
redit card slip for the above authorize	ed charges.)		,,		