

# CCDS 2018-2019 ASP Contract for Intermediate Band

Student Name (First & Last) \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name (First & Last) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Wednesday and Friday until 4:00 pm \$40/ mo

Credit Card Payment

I, \_\_\_\_\_ (please print name), authorize Chico Country Day School to charge my Visa/Mastercard in the amount of \$40 per billing month.

**In order to avoid a \$15 late fee, payment must be received by the 1st of the month.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Billing Zip Code

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
CSC/ CVV

**Cash, checks and credit card payments are accepted.**

I, \_\_\_\_\_ (printed name), agree to the terms of the above contract.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective Date