

**ACTON-BOXBOROUGH COMMUNITY EDUCATION**

**COMMUNITY EDUCATION ACCEPTS  
VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS**



**Child's School: \_\_\_\_\_**

**ALL-DAY KINDERGARTEN 2015-2016**

**IF YOU WISH TO CHARGE YOUR CHILD'S ALL DAY KINDERGARTEN 2015-2016 TUITION,  
PLEASE COMPLETE THE FORM BELOW AND RETURN IT  
BY FAX (978-266-2540) OR MAIL TO:**

**Acton-Boxborough Community Education  
Administration Building, 15 Charter Road, Acton, MA 01720**

\_\_\_\_\_ I wish to charge my child's All-Day Kin tuition, (\$430/month) EACH month for the 2015-2016 school year (September - June). The tuition deposit, to be applied to June, 2016 tuition, will be charged on May 15, 2015. September tuition will be charged on August 1, 2015. Thereafter, tuition will automatically be charged to my account on one of the last seven school days of each month for the following month - (Oct. tuition will be charged by Sept. 1; Nov. tuition will be charged by Oct. 1; Dec. tuition will be charged by Nov. 1; Jan. tuition will be charged by Dec. 1; Feb. tuition will be charged by Jan. 1; March tuition will be charged by Feb. 1; April tuition will be charged by March 1; May tuition will be charged by April 1.)

\_\_\_\_\_ I wish to charge my child's All-Day Kin tuition deposit only. This tuition will be charged on May 15, 2015 or at time of initial registration, and will be applied to the last month's tuition (June, 2016). This tuition is non-refundable.

CHILD'S NAME: \_\_\_\_\_

CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CID (Security Number) - last 3 digits - \_\_\_\_\_  
(on signature strip for VISA/M-C/Discover, or the printed numbers above account # on front of AMEX)

CARDHOLDER'S NAME (Please print): \_\_\_\_\_

CARDHOLDER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE SURE TO INFORM THE COMMUNITY EDUCATION  
OFFICE OF ANY CHANGES IN YOUR CARD NUMBER OR  
EXPIRATION DATE.**