

SBC CHILDCARE PAYMENT FORM -BIRTH THROUGH 3 YEARS

PARENT'S NAME _____

1 CHILD'S NAME _____ CHILD'S AGE: _____

2 CHILD'S NAME _____ CHILD'S AGE: _____

3 CHILD'S NAME _____ CHILD'S AGE: _____

4 CHILD'S NAME _____ CHILD'S AGE: _____

REGISTRATION CHARGE:\$10 Per Child and \$5 per session (max \$40 per family)

No. of Children ____ X \$10 = \$ _____ No. of Children ____ X No. of Sessions ____ X \$5 = _____ (Reg./Session fee)

Tues. Lunch No. ____ x \$5= \$ _____ Wed. Lunch No. ____ x \$5 = \$ _____

Registration Charge: \$ _____ + Session Charge \$ _____ + Lunch Charge \$ _____ = \$ _____ (Total)

CREDIT CARD INFORMATION: __ VISA __ MCARD __ DISC __ AMEX ____

NAME ON CARD: _____ ACCOUNT#: _____ EXP. _____

DATE: _____ VERIFICATION CODE: _____

I AUTHORIZE CHFBC TO CHARGE MY ACCOUNTING THE AMOUNT OF: \$ _____

SIGNATURE: _____ DATE: _____

OTHER PAYMENT: CHECK NO. _____ AMOUNT: \$ _____

**CASTLE HILLS FIRST BAPTIST CHURCH, 2220 N.W. MILITARY HWY., SAN ANTONIO, TX 78213, 210-377-8401
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