



**Transportation Program Fees
School Year 2023-2024**

Member's Name: _____

Grade: _____ **School:** _____ **Phone #:** _____

Month	Fees	Fees for Additional Children	Check Month Needed	Charge My Credit card	Cash/Check	Receipt # (for office use)
August	\$156	\$125				
September	\$240	\$192				
October	\$240	\$192				
November	\$192	\$154				
December	\$192	\$154				
January	\$192	\$154				
February	\$228	\$182				
March	\$168	\$134				
April	\$252	\$202				
May	\$264	\$211				
June	\$36	\$29				

CLUB CLOSED

Labor Day, Veterans Day, Thanksgiving Day, Day After Thanksgiving, Winter Break 12/25-1/1, Martin Luther King Day, Memorial Day, Independence Day.

Every child in your family exceeding the first automatically receives a 20% discount on monthly fees. **All fees are due by the 24 of each month for the following month.** Service to a member may be terminated after 3 late payments. **Please make all cash and check payments in the office.**

☐ **Yes, you have my authorization to charge my credit card every month.**

I understand that fees will be charged to my card automatically on the 24th day of the month for the following month, if I have checked the box giving you authorization to charge my credit card every month. **No** refunds or credit will be given after the 3rd business day of that month.

Credit Card Authorization

Name as it appears on the card: _____

Billing Address: _____ **Billing Zip Code:** _____

Circle Card Type: **Master Card** **Visa** **American Express**

Card Number #: _____ **Exp. Date:** _____ **CVC:** _____

Authorizing Signature: _____ **Date:** _____