

Sikora Montessori



Authorization for Credit Card Charge

I authorize Sikora Montessori to charge my credit card listed below for tuition and monthly fees indicated:

Student Name _____

Credit Card # _____

Exp Date _____ CVV _____

Name on Card _____

Billing Address _____

Phone _____

Monthly Tuition ___ 3 days/week ___ 4 days/week ___ 5 days/week ___ other _____

Hot Lunch Card \$105/21 meals (Yes / No)

Aftercare ___ 3 days/week \$50.00 per month*

Aftercare ___ 4 days/week \$65.00 per month*

Aftercare ___ 5 days/week \$75.00 per month*

BeforeCare _____ Flat rate of \$45 per month

*Rates are per student. Please inquire about the Family rate if you have more than one child enrolled.

There is a 4% fee for all credit card transactions.

Signature _____ Date _____

SIKORA MONTESSORI SCHOOL
2108 Lumber Avenue
Wheeling, WV 26003
304-905-8453