



Credit Card Authorization Form

Please fill in all information below. All forms are kept confidential. Please fill out and return this completed document to reserve your spot for 2025-2026 School year by emailing it to office@joshua19LC.org. Registration Fee(s) will be processed upon receipt. This card information will be placed on file for the auto billing of your child's tuition payments and annual Supply Fee. Thank you!

Student's Name: _____

Parent/Guardian Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

CCV Code (off back of card): _____

Billing Zip Code: _____

By signing below, I (we) hereby authorize Joshua 1:9 Learning Center, Inc. to charge the card listed above. This authorization is to remain in full force until Joshua 1:9 Learning Center, Inc. has received two-week written notification from me of its termination in such time and in such manner as to afford Joshua 1:9 Learning Center, Inc. a reasonable opportunity to act on it.

Cardholder signature: _____

Date signed: _____

Tuition Contract Length: (please choose one)

____ 43 week contract (August 1st, 2025 – May 15th, 2026)

____ 52 week contract (August 1st, 2025 – July 24th, 2026)

Automated Billing Schedule for Tuition: (please choose one)

____ Weekly (billed each Friday, before following week)

____ Monthly (on 1st of the Month)

____ 1st and 15th of Month

____ Other: (must have prior Office approval)

(office use only): Date entered/updated into system: _____ JLC _____ Ext. Care