

2017-2018 SPARC Before & After
CREDIT CARD AUTHORIZATION FORM

Participant's Name: _____

Before & After Site: _____

The SPARC Office will retain this form until the expiration date of this form. All authorization forms will be destroyed following the expiration date that you specify below.

By signing this form, you are authorizing the City of Springfield to charge your credit card the Wednesday prior to each week for the fee(s) and date(s) indicated below.

SPARC Before & After Weekly Fee

- \$20 (AM)
- \$40 (PM)

SPARC Before & After Reduced Weekly Fee

- \$5 (AM) *(Must qualify for Free/*
- \$15 (PM) *Reduced lunch program)*

2017

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 1: Aug. 16-18*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 2: Aug. 21-25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 3: Aug. 28-Sep 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 4: Sep 5-8*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 5: Sep. 11-15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 6: Sep. 18-22

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 7: Sep. 25-29
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 8: Oct. 2-6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 9: Oct. 9-13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 10: Oct. 17-20*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 11: Oct. 23-27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 12: Oct. 30-Nov. 3

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 13: Nov. 8-10*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 14: Nov. 13-17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 15: Nov. 20-21*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 16: Nov. 27-Dec. 1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 17: Dec. 4-8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 18: Dec. 11-15
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 19: Dec. 18-21*

*Prorated fees due to no school

2018

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 20: Jan. 3-5*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 21: Jan. 8-12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 22: Jan. 16-19*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 23: Jan. 22-26
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 24: Jan. 29-Feb.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 25: Feb. 5-9

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 26: Feb. 12-16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 27: Feb. 20-23*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 28: Feb. 26-Mar. 2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 29: Mar 5-8*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 30: Mar. 19-23
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 31: Mar. 26-30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 32: Apr. 2-6

A.M.	P.M.	Full	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 33: Apr. 9-13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 34: Apr. 16-19*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 35: Apr. 23-27
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 36: April 30-May 4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 37: May 7-11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 38: May 14-18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wk 39: May 21-24*

*Prorated fees due to no school

Discover ___ MasterCard ___ Visa ___ American Express ___ Expiration Date: ___ - ___ - ___

Account Number: _____

Billing Address: _____
Street City State Zip Code

Phone Number: _____

This form will expire on _____.
(Please specify date. If left blank, this form will expire on Thursday, May 24, 2018)

PRINT Name

Signature

Today's Date

This is not a receipt or proof of payment. You will receive receipts for the weeks for which you pay.