

Braintree After School Enrichment
426 Pond Street
Braintree, Ma. 02184
781-849-3484
781-849-3483 (fax)

Mastercard/Visa Agreement

Name on Card: _____

Cardholder Address: _____

City/Town: _____

Zip Code: _____

Child's Name: _____

Mastercard/Visa/American Express/Discover: _____

Expiration Date: _____

Weekly Amount: _____

I agree to allow Base to charge my child's weekly tuition to my charge account during the school year and/or summer. All charges will be put through according to your tuition bill payment schedule. This information will be kept confidential and is for Base records only.

Parent/Guardian Signature: _____

Date: _____