



# Play Centers, Inc. / Play and Learn

"Your First Choice for Quality Child Care"

in Anne Arundel County, Baltimore City,  
and Baltimore County



## 1-TIME PAYMENT BY CREDIT CARD

### TO BE COMPLETED BY PARENT

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Type of Credit Card: VISA MASTERCARD DISCOVER AMEX (Circle one.)

Credit Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name as it Appears on Card: \_\_\_\_\_  
(Please print.)

Expiration Date: \_\_\_\_ / \_\_\_\_

CID Number: \_\_\_\_\_

(For VISA/MasterCard/Discover, the last 3 digits on the back of the card in the signature line :  
For AMEX, the 4 digits above the card # )

Please provide the Billing Address for the credit card provided:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_ . \_\_\_\_

What is the Amount for? \_\_\_\_\_

Center: \_\_\_\_\_

Child/Children's Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

### TO BE COMPLETED BY STAFF

Employee's First & Last Name: \_\_\_\_\_  
(Please print.)

This information was provided:

By Telephone  By Fax  In Person  Via Tuition Box (Please check only one.)

### TO BE COMPLETED BY AR

Credit Card Batch #: \_\_\_\_ Date Posted to Account: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_  
(ALWAYS SEND A RECEIPT!)