

Executive Office  
800.301.2267

# Staten Island Day Camp

Summer Direct Line  
718.983.7942

P.O. Box 70159  
Staten Island, NY 10307  
sidaycamp@aol.com

[www.statenislanddaycamp.com](http://www.statenislanddaycamp.com)

## CREDIT CARD ON FILE AUTHORIZATION FORM

I hereby agree and authorize Staten Island Day Camp to charge my credit card in full or for scheduled payments as indicated by check mark and signature below. **Credit cards will only be charged on the first day of the month. If the first day of the month falls on a Sat. or Sun. the charge will be made on Mon.**

Schedule of Payments		Date Processed	Revised Schedule		Date Processed
March 1	\$ _____	_____	March 1	\$ _____	_____
April 1	\$ _____	_____	April 1	\$ _____	_____
May 1	\$ _____	_____	May 1	\$ _____	_____
June 1	\$ _____	_____	June 1	\$ _____	_____
July 1	\$ _____	_____	July 1	\$ _____	_____
August 1*	\$ _____	_____	August 1*	\$ _____	_____
			Reason for revision: _____		

**\*Only for parents with campers in an eight week program or with authorization from the Executive Director for parents with campers who registered late.**

**PLEASE NOTE THE PAYMENTS ARE TO BE IN EQUAL DOLLAR AMOUNTS AND WE WILL BEGIN CHARGING THESE AMOUNTS ON MARCH 1st AND THE FIRST OF EVERY MONTH AFTER THAT UNTIL JULY1. PARENTS OF CAMPERS WITH AN EIGHT PROGRAM HAVE UNTIL AUGUST 1.**

### For SIDC use only

Initial schedule approved by: \_\_\_\_\_ Revised schedule approved by: \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

Type of Credit Card:  American Express Card  Master Card  Visa

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_ Camper(s): \_\_\_\_\_

Name as Imprinted on Credit Card: \_\_\_\_\_

Signature of Credit Card holder/member: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code \_\_\_\_\_