

# Victory Preschool

## Permission Slip to Charge Preschool Fees

**Charge Card Name:**            **Master Card**            **Visa**            **American Express**

**Account #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Exact Name on Account:** \_\_\_\_\_

I understand by signing this permission slip that my child(ren's) Preschool fees will be charged to the charge card as specified above.

I also understand that I can have complete confidence that my account number will remain confidential.

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

(as it appears on your account)

WE ACCEPT ONLY:

- Master Card
- Visa
- American Express

If you have any questions, please contact the Director of Victory Academy at 780-988-5433

*For Office Use Only*

Effective date: \_\_\_\_\_

Child(rens) Name	D.O.B.	Class	Monthly Payment
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____