

Re-enrollment Form

Please fill out and return this sheet—even if your answer is “no.”
You can email it, put it in the gold mailbox, or hand it to your child’s group leader.

Parent Name: _____ Child Name: _____

Group Day: _____ Group Time: _____

(If you want to change groups, please call us at 508-393-0030 before giving a deposit.)

- No, I am not interested at this time. I understand there is a waiting list and my spot may be filled after **Friday, January 29, 2010.**

- Yes, please sign up my child for the Spring 2010 group.
 - Included is a check for \$100 deposit
 - Included is \$100 cash deposit
 - Credit card form completed below for \$100 deposit
 - Please send me an online invoice
 - Included is a check for full payment, \$300
 - Included is cash for full payment, \$300
 - Credit card form completed below for full payment, \$300

Deposits and group payments are non-refundable.

Credit Card Payment Form *We accept Visa, MasterCard, Discover, and American Express*

Name on Card _____

I authorize The Friendship Network to charge my card for the amount of \$ _____ .

Type of Card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____ / ____

CVV Number (last 3 digits on back of card) _____

Card Holder's Billing Address for Credit Card Statements

Street

City

State

Zip

Card Holder Signature _____, Date ____ / ____ / ____

Phone Number: _____