



SCOPE EDUCATION SERVICES

COMMACK SUMMER EXPLORATIONS PROGRAM

SCOPE IS PLEASED TO PROVIDE A SAFE, QUICK AND CONVENIENT PAYMENT SERVICE FOR PARENTS WHO WISH TO PAY BY CREDIT CARD.

PLEASE FILL OUT THE INFORMATION REQUESTED AND RETURN WITH YOUR REGISTRATION FORM

I authorize SCOPE Education Services to charge my credit card for the program fee for my child's participation in the Summer Explorations Program. I understand all payments are nonrefundable after June 24, 2011.

Please indicate amount to be charged to your credit card: \$ _____

Please check form of payment:

_____ VISA _____ MC _____ AMEX _____ DISCOVER

Credit Card Number _____ Exp. Date _____

Name as it appears on credit card:

Billing Address:

Cardholder's Signature: _____

Child's Name: _____

Home Phone: _____

Home School: _____

Program: _____

PLEASE NOTE THE FOLLOWING:

- If your credit card is declined you will be charged a \$25.00 reprocessing fee.

QUESTIONS? Call 631-360-0800, ext. 163