



Classes Offered: June 5 - August 12, 2023

## **Registration/Credit Card Authorization Form**

Parent's Name		
Address, City, State, Zip		
Phone Number		
Email Address		
Child's Name		
Child's Date of Birth		
Known Allergies		
Emergency Contact		
Relation		
Phone Number		
Class Option:		
<ul> <li>TUMMY TIME</li> <li>BABY ROCK</li> <li>IT'S A MESS!</li> <li>LANGUAGE BUILDER</li> <li>CORE</li> <li>PEACE BY PEACE</li> <li>LET'S WRITE</li> <li>GAME DAY</li> </ul>	<ul> <li>MONEY MATTERS</li> <li>TALKER TIME</li> <li>TINY TASTEBUDS</li> <li>MINI PEACES<sup>®</sup> SUMMER STYLE</li> <li>JR PEACES<sup>®</sup> SUMMER STYLE</li> <li>MASTERING THE SAT</li> <li>MONEY TALKS</li> <li>SOCIAL PEACES</li> </ul>	<ul> <li>BRAIN EMPOWERMENT CAMPS</li> <li>BABY BRAIN CONNECTIONS</li> <li>BRAIN CONNECTIONS</li> <li>WRITING WORKSHOP</li> <li>READING READINESS <ul> <li>SESSION 1</li> <li>SESSION 1</li> <li>SESSION 2</li> </ul> </li> </ul>
Sign and complete this form to aut	horize The Missing Peace to make a one time o	charge to your credit card listed below.
	ssing Peace permission to charge your account is not provide authorization for any unrelated ch	for the amount indicated below. This is permission narges to your account.

l,(name)	, at	, authorize The Missing Peace to charge my credit card indicated below for				
\$(amount) Billing Details:	on	(date)				
Billing Address, City, State, Zip						
Phone Number	Email					
Credit Card Information:	🗖 Visa	□ Mastercard	🗆 Amex	Discover		
Cardholder's Name		Credit Card Number				
Expiration Date		Security Code (CVV)				
Individual's Signature		Date				