



Swedish Covenant Hospital
The science of feeling better

JAMES & SUZANNE McCORMICK
Montessori
Child Care Center
AFFILIATED WITH SWEDISH COVENANT HOSPITAL

I hereby authorize an agent of the McCormick Montessori Child Care Center to charge child care tuition to my credit card.

Child's Name _____

Circle one: VISA MASTERCARD AMEX DISCOVER

Credit Card Number:

Expiration Date: _____

Credit Card Code _____

Address associated with this card (include zip code):

Cardholder's Name

Cardholder's Signature

Date