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Credit Card Authorization Form

This form will be kept on file and will expire one year from the date of the signature.

Student Name: _____

Parent/Guardian: _____

Address: _____

Phone: _____

Email: _____

Please circle one: VISA MASTERCARD AMERICAN EXPRESS

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Zip code associated with the card: _____

I authorize Etz Chaim Preschool to charge my credit card for the following fees and understand that there is an additional 2.5% processing fee:

One time fee of _____ to be charged on _____.

Tuition fee of _____ to be charged monthly on the 1st of the month, unless specified below:

 All fees associated with my account (registration fees, activity fees, tuition & extended care tuition).

Authorized Signature

Date