



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

Debit/Credit Card Authorization

Please charge my Debit/Credit Card for the following payment(s):

Deposit for the upcoming school year all monthly special program fees other (please specify below)

Full name: _____ Billing Zip Code: _____
(as shown on card)

Card #: _____ Expiration Date: ____/____/____

Signature: _____ Date: ____/____/____