



**REGISTRATION IS
TAKEN AT ALL 3
OF OUR OFFICES:**

**Wackford Community
and Aquatic Complex:**
Everyday:
8 am – 8 pm
phone: 405-5600
fax: 405-5659
9014 Bruceville Road
Elk Grove, CA 95758

**Extended
hours at
this site**

Parks Admin. Office:
M-F 8 am – 5 pm
phone: 405-5300
fax: 685-6942
8820 Elk Grove Blvd, Suite 3
Elk Grove, CA 95624

Laguna Town Hall:
M-F 8 am – 2 pm
phone: 684-7550
fax: 684-7551
3020 Renwick Ave.
Elk Grove, CA 95758

www.yourcsd.com

Attention Preschool Parents! CSD offers automatic payment plan for preschool tuition.

CSD offers an automatic charge system for your Visa, MasterCard, or Discover card. If you'd like to sign up for the automatic charge system, please fill out the information below and return it to any CSD Park and Recreation office location, and your credit card will be charged on the first business day of every month. Please ensure that your credit card does not expire for the duration of the class, activity, or program.



CSD Parks and Recreation, 8820 Elk Grove Blvd., Suite 3, Elk Grove, CA 95624 • (916) 405-5300 • fax 685-6942

Auto Payment Enrollment Form *(copies accepted)*

Init.

Responsible Adult _____ Phone (home) _____ (work) _____ (mobile) _____

Address _____ City _____ Zip _____

E-mail Address _____ Program _____

Child's Name _____ Course Code # _____

Credit Card: VISA MasterCard Discover Card # _____
Name as it appears on card: _____ Expires (month/year) ____/____

CREDIT CARD AUTHORIZATION
By signing this form, I am giving permission for the CSD Parks and Recreation Department to charge a monthly recurring payment of \$_____ to the credit card listed above on the first business day of each month. These recurring payments will be charged to my credit card until the last month of the above listed program. I am aware that if I wish to discontinue these automatic payments, I must complete and submit the Auto-Pay discontinuation form prior to the end of the month.

Receipt # _____

No confirmation will be sent.

Receipts are available in all three offices.

Signature of Cardholder _____

Date _____