



**Summer 2024**  
**Monday through Friday 9:00 am to 2:00 pm**  
**ART CAMP**

	I Session	II Session	III Session	IV Session	V Session	VI Session	VII
	June 3-7	June 10-14	June 17-21	June 24-28	July 8-12	July 15-19	July 22-26
\$200 per week							
\$65 extended day							

Please select the weeks that your child will attend. Payment will be charged the Wednesday prior to the selected camp week

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_

**Parents/ Guardian Information:**

Mother's Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact Information:**

*Child will be released only to the Parents/Guardian, or the people listen below.*

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby enroll my child for Summer Camp at IQ Village. Above child is in good physical and mental health. I realize that the activities involved in his or her education involve physical contact and hereby relinquish all rights to claim or recover damages for personal injuries in connection with his or her education at IQ Village Pre-School. I understand that the fee will be charged the Wednesday prior to the week my child will attend. I am responsible for providing food and snacks, and it is my sole responsibility to contact the school if my child will not attend for the day.

\_\_\_\_\_  
Name of Minor

\_\_\_\_\_  
Signature or Parent/Guardian

\_\_\_\_\_  
Date

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



<b>FOR OFFICIAL USE ONLY</b>
_____
<b>Date Received</b>
_____
<b>Employee Signature</b>

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