



Summer Camp 2024
Monday through Friday 8:00 am to 1:30 pm
Extended Day Until 6:00 pm

Level I

	I Session	II Session	III Session	IV Session	V Session	VI Session	VII Session	VIII Session
	June 3-7	June 10-14	June 17-21	June 24-28	July 1-5	July 8-12	July 15-19	July 22-26
\$200 per week								
+ \$65 per week 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			



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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