

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

Level I

	I	II	III	IV	V	VI	VII	VIII
	Session							
	June	June	June	June	July	July	July	July
	3-7	10-14	17-21	24-28	1-5	8-12	15-19	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:			
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:			
<u>Contact Information</u> : Child will be released only to the Pare	nts/Guardian, or the people listen	below.	
Full Name:	Τε	elephone:	
Full Name:		Felephone:	

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.



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

Level II

	l Session	ll Session	III Session	IV Session	V Session	VI Session	VII Session	VIII Session
	June	June	June	June	July	July	July	July
	3-7	10-14	17-21	24-28	1-5	8-12	15-19	22-26
\$195 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 liste	n below.	
Full Name:		Telephone:	
Full Name:		_ Telephone:	

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Summer Camp 2024 Monday through Friday 8:00 am to 1:45 pm Extended Day Until 6:00 pm

Level III & IV/

	I	II	III	IV	V	VI	VII	VIII
	Session							
	June	June	June	June	July	July	July	July
	3-7	10-14	17-21	24-28	1-5	8-12	15-19	22-26
\$190 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	s/Guardian, or the people liste	n below.	
Full Name:		Telephone:	
Full Name:		Telephone:	

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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 ON E SECTION ONLY

SECTION A (Credit Card)

ardholder Name	Phone #			
ardholder Address	City		State	Zip
ccount Number	Expiration Date	ł		
ardholder Signature	Date			
CTION B (Bank Account)				
our Name	Phone #			
ddress	City		State	Zip
ank or Credit Union Name Bank or Credit Union Address	City		State	Zip
outing Transit Number (see sample below) Account Number (see sa	mple below)		Checking	Savings
uthorized Signature	Date			
Your Name 0001 Any Street, Asylown DATE Twi: (001) 555-0000 DATE			FOR OFFICIAL	USE ONLY
DEPOSIT SLIPS NOT ACCEPTED / Int COLLARS () Positive Matter Processor		Date	Received	
BANK Bank Ary Elses José José José José José José José Jos				
123456789 000123456789 0001		Emplo	oyee Signature	
ROUTING ACCOUNT CHECK NUMBER NUMBER	800		84 • procar opyright 2020 Pr	