



WESLEY CAMP SUMMER DAYZ SUMMER 2024 REGISTRATION FORM

PLEASE FILL FORM OUT COMPLETELY

Please indicate: _____ My child is a new to Wesley

Child 1 First & Last Name _____ Gender _____
Birthdate (M/D/Y) _____ Current Grade (2023-2024) _____ School _____

CHECK HERE _____ IF REGISTERING A CIT

Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL Check here _____ if ordering an extra t-shirt for \$10

Friend Requests / Limit 3 (Friends should be in the same current grade. All requests may not be honored):

Due to the complexity of the program, to request friends you must register for at least 3 weeks.

Child 2 First & Last Name _____ Gender _____
Birthdate (M/D/Y) _____ Current Grade (2023-2024) _____ School _____

CHECK HERE _____ IF REGISTERING A CIT

Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL Check here _____ if ordering an extra t-shirt for \$10

Friend Requests / Limit 3 (Friends should be in same current grade. All requests may not be honored):

Due to the complexity of the program, to request friends you must register for at least 3 weeks.

Child 3 First & Last Name _____ Gender _____
Birthdate (M/D/Y) _____ Current Grade (2023-2024) _____ School _____

CHECK HERE _____ IF REGISTERING A CIT

Shirt Size: YS (6/8) YM (10/12) YL (14/16) AS AM AL Check here _____ if ordering an extra t-shirt for \$10

Friend Request / Limit 3 (Friends should be in same current grade. All requests may not be honored):

Due to the complexity of the program, to request friends you must register for at least 3 weeks.

Parent 1 Name _____ Parent 2 Name _____

Parent 1 E-Mail _____ Parent 2 E-Mail _____

Parent 1 Cell _____ Parent 2 Cell _____

Camper's Home Address _____ City _____ Zip _____

SELECT FROM ONE OF THE DAYS OF THE WEEK ENROLLMENT OPTIONS BELOW

(2nd child receives 10% discount. Families who have 3 or more children enrolled in Wesley, receive 10% discount for all 3 children) (1st year CITS receive 25% discount. 2nd year CITS receive 50% discount. CITS are not eligible for the sibling discount.) Weekly tuition charge remains the same for all weeks of camp. To inquire about scholarship assistance, contact jquntas@wesleyccc.com

_____ 5 Days per Week = \$489.00 per week (\$440.10 sibling discount rate) _____ 3 Days per Week = \$416.00 per week (\$374.40 sibling discount rate)

_____ 4 Days per Week = \$440.00 per week (\$396.00 sibling discount rate) _____ 2 Days per Week = \$294.00 per week (\$264.60 sibling discount rate)

CHECK THE DAYS OF THE WEEK YOUR CHILD WILL ATTEND CAMP _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday
You must select days of attendance at time of registration. Days of the weeks of attendance must remain the same for all weeks.

SELECT FROM ONE OF THE OPTIONS BELOW

_____ I am signing my child up for ALL 10 WEEKS OF CAMP

Families signing up for weeks 1-10 may take 1-vacation week at any time during camp and pay 1/2 tuition for that week. Camper must be absent for one full regularly scheduled week. The vacation week may not be split up or combined between different weeks.

OR

_____ I am signing my child up for less than 10 weeks of camp. Check the weeks of attendance you would like to register for based on availability. The days of the week of attendance must remain the same for all weeks your child is registered for. Due to the structure of camp, the days of the weeks may not be switched, split, combined, shortened. Changes may be made until May 1, 2024 (based on availability). Due to the complexity of the program, to request friends you must register for at least 3 weeks.

_____ Week 1 (Tuesday, June 4 - 7) (regular weekly fee applies)

_____ Week 6 (July 8 - 12)

_____ Week 2 (June 10 - 14)

_____ Week 7 (July 15 - 19)

_____ Week 3 (June 17 - 21)

_____ Week 8 (July 22 - 26)

_____ Week 4 (June 24 - 28)

_____ Week 9 (July 29 - Aug 2)

_____ Week 5 (July 1 -3) CLOSED July 4 & 5 (regular weekly fee applies)

_____ Week 10 (Aug 5 - 9)

_____ I HAVE ENCLOSED THIS REGISTRATION FORM & PAYMENT AUTHORIZATION FORM. I understand deposits are refundable until April 1, 2024. Registration fees are non-refundable. THE REGISTRATION FORM AND PAYMENT OR PAYMENT AUTHORIZATION FORM MUST BE TURNED IN TOGETHER TO SECURE YOUR CHILD'S SPOT.

_____ I understand I am required to pay for ALL of the weeks of camp which I have enrolled my child. Changes to my child's original schedule MUST be made before May 1, 2024 (based on availability), after which time, I understand that I am responsible for paying for the all weeks that I have registered for whether in attendance or not, canceling week/s, or withdrawal. I will not receive a credit or transfer of funds for non-attendance days. I understand that the weekly fees remain the same for all the weeks that I have registered for.

PARENT SIGNATURE _____ DATE _____

CHECK ONE OF THE FOLLOWING SELECTIONS TO CONFIRM YOUR AUTO PAY (ACH) INFORMATION:

_____ For current families who have Auto Pay already set up, please use my auto payment information that I have on file with Wesley to charge, per child, a \$100 registration fee AND last week's tuition. I also authorize Wesley to charge my account the weekly camp tuition . DO NOT COMPLETE THE ACCOUNT INFORMATION BELOW.

_____ For families who do NOT have Auto Pay set up, please use my information below to set up Auto Pay. Complete the form below. Accounts will be charged, per child, a \$100 registration fee AND last week's tuition upon submission of your registration form. I also authorize Wesley to charge my account the weekly camp tuition.

Parent Signature _____

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 (bus ness 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) 4% CONVENIENCE FEE WILL APPLY FOR CREDIT CARD PAYMENTS

Cardholder Name _____ Phone _____

Cardholder Address _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Today's Date _____

SECTION B (Bank Account) ACH - NO CONVENIENCE FEE

Your Name _____ Phone _____

Your Address, City, State, Zip _____

Bank or Credit Union Name _____ Bank City, State _____

checking savings

Routing Number (see example below) _____ Account Number _____

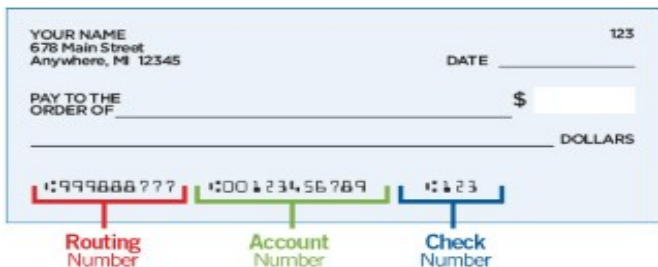
FOR OFFICE USE ONLY

Date Recieved

Employee Signature

Bank Account Signature _____

Date _____



800.338.3884 • procaresoftware.com



AUTO PAY (ACH) FORM