PLEASE FILL FORM OUT COMPLETELY	Please indicate:My child is a new to Wesley
child 1 First & Last Name	Gender
irthdate (M/D/Y) Current Grade (2024-2	2025) School
	AS AM AL Check hereif ordering an extra t-shirt for \$
	s should be in the same current grade. All requests may not be honored):
ue to the complexity of the program, to request friends you mu	-
hild 2 First & Last Name	Gender
IRTINDATE (M/D/Y) Current Grade (2024-2025)_ HECK HERE IF REGISTERING A CIT	School
	AS AM AL Check hereif ordering an extra t-shirt for \$
iend Requests / Limit 3 - DO NOT LIST MORE THAN 3 (Friends	s should be in same current grade. All requests may not be honored):
ue to the complexity of the program, to request friends you mu	ust register for at least 3 weeks.
nild 3 First & Last Name	Gender
rthdate (M/D/Y)Current Grade (2024-2	025)School
	AS AM AL Check hereif ordering an extra t-shirt for \$
riend Request / Limit 3 - DO NOT LIST MORE THAN 3 (Friends	should be in same current grade. All requests may not be honored):
ue to the complexity of the program, to request friends you mu	ust register for at least 3 weeks.
arent 1 Name	Parent 2 Name
arent 1 E-Mail	Parent 2 E-Mail
arent 1 Cell	Parent 2 Cell
amper's Home Address	ZipZip
ear CITS receive 25% discount & 2 nd year CITS receive 50% disharge remains the same for all weeks of camp. To inquire about 5 Days per Week = \$538.00 per week(\$484.20 sibling discount reduced about the same for all weeks of camp. To inquire about 4 Days per Week = \$484.00 per week (\$435.60 sibling discount reduced about 12 per week) (\$435.60 sibling discount reduced about 12 per week) (\$435.60 sibling discount reduced about 13 per week) (\$435.60 sibling discount reduced about 14 per week)	ate)3 Days per Week = \$457.00 per week (\$411.30) sibling discount ate)2 Days per Week = \$323.00 per week (\$290.70) sibling discount results at a simple of the state of the sta
You must select days of attendance at time of registration. Da	ays of the weeks of attendance must remain the same for all weeks.
	any time during camp and pay $rac{1}{2}$ tuition for that week. Camper must week may not be split up or combined between different weeks.
vailability. The days of the week of attendance must remain the amp, the days of the weeks may not be switched, split, combir	
eased on availability). Due to the complexity of the program, to Week 1 (June 9 - 13)	<u> </u>
Week 2 (June 16 - 20)	Week 6 (July 14 - 18) Week 7 (July 21- 25)
Week 3 (June 23 - 27)	Week 7 (July 21- 25) Week 8 (July 28- Aug 1)
Week 4 (June 30 - July 2) CLOSED July 3 & 4, regular week	
Week 5 (July 7 - 11)	

_ DATE __

PARENT SIGNATURE ___

FOR FAMILIES THAT DO NOT HAVE AUTO PAY SET UP, PLEASE COMPLETE & SUBMIT THIS FORM

For families who DO NOT HAVE AUTO PAY set up, please complete and submit the payment authorization form below with your registration form to secure your spot.

Please use my information below to set up Auto Pay. Accounts will be charged \$100 registration fee per child & the last week's tuition to serve as a deposit, upon submission of your registration form. I also authorize Wesley to charge my account the weekly tuition. Weekly payments will be processed through auto pay weekly on Wednesdays.

Parent Signature	

Automated Payment Processing

on-time tuition and fee payments to be made fro ELECTRONIC FUNDS TRANSFER AUTHORIZATION	·	
account, indicated below (Section B). To properly	unt (Section A) OR, initiate debit entries to my (our) checking or savin affect the cancellation of this agreement, I (we) are required to give tact your credit union to verify account and routing numbers for auto	gs 10 days
SECTION A (Credit Card) 4% CONVENIEN	E FEE WILL APPLY FOR CREDIT CARD PAYMENTS	
Cardholder Name	Phone	_
Cardholder Address		
Account Number	Expiration Date	_
SECTION B (Bank Account) ACH - NO CO		
SECTION B (Bank Account) ACH - NO COM	IVENIENCE FEE	
Your Address, City, State, Zip	PhoneBank City, State	
Your Address, City, State, Zip	PhoneBank City, State	 savinį
Your Address, City, State, Zip Bank or Credit Union Name	Bank City, State checking Account Number FOR OFFICE USE O	savinę

PAY TO THE ORDER OF DOLLARS 1:999888777 | 1:00123456789 Routing Account Check

jquintas@wesleyccc.com or to the Wesley Office at 727 Harlem Ave. Glenview

