

# EDVENTURE CLUB REGISTRATON

(PLEASE COMPLETE A FORM FOR EACH INDIVIDUAL CHILD OR VISIT: WWW.JUNIOREXPLORERSCLUB.NET )

CHILD'S NAME:.....LAST NAME: .....  
 ADDRESS: .....DATE OF BIRTH: .....  
 CITY: ..... NJ ZIP: ..... GRADE AS OF SEPT 2024 .....  
 PARENT OR GUARDIAN NAME: .....  
 EMAIL: ..... CELL #: .....  
 ANY ALLERGIES? YES NO IF YES PLEASE EXPLAIN.  
 EMERGENCY CONTACT : .....  
 PHONE NUMBER : ..... RELATION : .....

**Please Circle the Days of the Week Your Child Will Attend**

Before Care: M T W Th F Total Number of Days \_\_\_\_  
 After Care: M T W Th F Total Number of Days \_\_\_\_

**BEFORE CARE Monthly Tuition (7:00 AM to First Bell )**

# of Days	First Child	Additional Child(ren)
5	\$220	\$200
4	\$200	\$180
3	\$180	\$160

**AFTER CARE Options:  
4:30PM ACADEMIC HOUR / 6:00PM (ACADEMIC HOUR ++)**

# of Days	4:30pm	6:00pm	4:30pm	6:00pm
5	\$340	\$370	\$300	\$335
4	\$310	\$340	\$280	\$310
3	\$270	\$300	\$245	\$270

**Fees**

Annual Registration non refundable	\$50
First Month Before Care Total	\$
First Month Aftercare Total	\$
Total Enclosed	\$

**Acknowledgement:** I understand that to attend before and aftercare, tuition must be paid in full prior to attending and my child's parent pack must be 100% complete. My child must be picked up on time or a \$18 fee will incur for every 10 minutes late.

Initial:\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Auto Pay Requirement:** I authorize the Junior Explorers Program to charge my RECURRING MONTHLY tuition to the payment mention on the tuition dates until JUNE 2024. I assume all responsibility to notify Junior explorers in writing of any changes that may affect this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EDUCATORS  
CIVIL SERVICE  
& MILITARY  
TAKE \$10 OFF  
YOUR MONTHLY  
REGISTRATION**

CHECK IF APPLIES

CIVIL SERVICE MEMBERS EDUCATORS & MILITARY



Please check  if you want Drop-in care only.

\$25 a day  
\$40 a day on a district half day.

Registration fee of \$50 per family applies.

**PAYMENT METHOD**

Visa\*  MasterCard\*  American Express\*  Cash  Check # \_\_\_\_\_

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number

--	--	--	--	--

Exp. Date

--	--	--	--	--

Security Code

Print Name as it appears on Credit Card

Sign Name as it appears on Credit Card

EFT Draft Checking  EFT Draft Savings

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Name \_\_\_\_\_

Attach copy of VOIDED check or Bank Specification letter

Print Name on Account

\* \$2 fee per card transaction starting September 1st.