

**TUITION BALANCE form for FULL TIME campers** (attending 5 days a week)

**Summer Enrichment Camp Program 2017**  
 c/o Cooper Elementary School  
 1960 Greentree Road, Cherry Hill, NJ 08003-1121  
 856-429-6564 Ext. 2

Make your check payable to "Cherry Hill STEP".  
 Calculate the tuition balance for the weeks for which you have paid a deposit.  
 If applicable, take your sibling discount at this time on the weekly tuition amount.  
 Using a separate form for each child will make it easier to calculate.

_____					_____	
Print Child's First and Last Name					Child's Grade (as of Sept. 2017)	
Week #	Dates	Weekly Tuition	Deposit Paid	Tuition Balance	Sibling Discount If Applicable	Amount Due
5	July 17 - 21	\$255	(\$75)	\$180.00	_____	_____
6	July 24 - 28	\$255	(\$75)	\$180.00	_____	_____
7	July 31 - August 4	\$255	(\$75)	\$180.00	_____	_____
8	August 7 - 11	\$255	(\$75)	\$180.00	_____	_____
9	August 14 - 18	\$255	(\$75)	\$180.00	_____	_____
<b>Total Balance for Weeks 5, 6, 7, 8, 9 - Due May 31, 2017</b>						\$ _____ Amount Enclosed
<input type="checkbox"/> Check this box if you would like a receipt						
Office Use:		R#	Date	\$	p/w	Incl

Return the portion above with payment for weeks 5, 6, 7, 8, 9

Cut at the dotted line and return the portion below with payment for weeks 1, 2, 3, 4

_____					_____	
Print Child's First and Last Name					Child's Grade (as of Sept. 2017)	
Week #	Dates	Weekly Tuition	Deposit Paid	Tuition Balance	Sibling Discount If Applicable	Amount Due
1	June 19 - 23	\$255	(\$75)	\$180.00	_____	_____
2	June 26 - 30	\$255	(\$75)	\$180.00	_____	_____
3	July 3, 5, 6, 7	\$204	(\$75)	\$129.00	_____	_____
4	July 10 - 14	\$255	(\$75)	\$180.00	_____	_____
<b>Total Balance for Weeks 1, 2, 3, 4 - Due April 28, 2017</b>						\$ _____ Amount Enclosed
<input type="checkbox"/> Check this box if you would like a receipt						
Office Use:		R#	Date	\$	p/w	Incl