

Payment Options

**Please complete this registration form and return to the Registration Counter.
The following documents are required to complete the registration process:**

_____ Copy of current utility bill attached as proof of residency.

_____ Child’s certified birth certificate or passport must be brought in as proof of age.
Non-certified birth certificates, Hospital or Baptismal certificates cannot be accepted.

_____ Voided check. (For Option #1 or #2 only)

Submit the deposit as listed on the Registration Form. Deposits are deducted from the listed class fees.

Please initial to select your payment option:

_____ **Payment Option #1.** I wish and agree to pay the balance in full by, plus a \$3 processing fee, in one EFT (Electronic Funds Transfer) payment to be processed on June 16. Payment may be set up with a voided check, which needs to be submitted with this application, or charged to your credit card number listed below.

_____ **Payment Option #2.** I wish and agree to pay the balance in equal payments, plus the \$3 per month processing fee, by EFT (Electronic Funds Transfer) processed on the 16th of the months of June through March. A voided check must be submitted with this application form.

_____ **Payment Option #3.** I wish and agree to pay the balance in equal payments, plus the \$3 per month processing fee. I agree to allow my credit card account to be automatically charged each month for the Bartlett Park District Preschool Program. My credit card will be charged on or about the 16th day, starting the month of June through March.

Only fill out credit card information if choosing Payment Option #1 or 3

Account Holder’s Name: _____ **Date:** _____

Credit Card Number: _____ **Exp. Date:** _____ **CID:** _____

Initial _____ A \$25 fee is charged for each bank refused payment or credit card decline.

Initial _____ I understand that I am responsible for updating payment information if I change banks, or credit card is lost/stolen/expired. A \$25 service fee will be charged if payment information isn’t updated by the 15th of the month.

I have read, and fully understand the terms and agreement to all in full.

Signature: _____ **Date:** _____

Please see next page for deposit payment options & Preschool Cancellation Policy

Preschool at Bartlett Community Center, 700S. Bartlett Road, Bartlett, IL 60103
www.bartlettparks.org phone: 630-540-4853 fax: 630-540-4869

Deposit Options and Cancellation Policy

Deposit = \$175.00

I am submitting my deposit by: _____ **CASH** _____ **CHECK** _____ **CREDIT CARD**

Account Holder's Name: _____ Date: _____

Credit Card Number: _____ Exp. Date: _____ CID: _____

Preschool Cancellation Policy

- **Once placed into class, all deposits are non-refundable and non-transferable for any reason including enrollment elsewhere.**
- Refund requests must be submitted in writing to the Registration Office and are calculated as of the first working day received. The program cancellation form is available in person or online.
- Cancellation requests received July 15 through September 6, the total deposit, plus \$100, plus a \$5 processing fee is withheld.
- **There is no refunded, credit or transferable funds available after September 6.**
- The Bartlett Park District reserves the right to review and make final decisions on all refund requests.
- Once the program begins, if a replacement is found and registered, a portion of the total cost is withheld and an administration fee is also withheld. If no replacement is found, no refund will be issued.

I have read in full, understand and agree to the above Preschool Cancellation Request Policy.

Signature _____

Date _____

Office Use:

_____ Date Received

_____ Proof of Residency submitted

_____ Certified Birth Certificate or Passport submitted

Payment:

_____ Deposit submitted

_____ Voided check attached for payment option #1 or 2

_____ All fields completed for payment option #1 or 3

Staff Initials _____