



# Registration Payment Form

(please print)



Child's Name \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>3 or 4 year old Park Center Preschool options:</b> (Child must be 3 years old by Sept 1) Circle the program option		
<b>Full Day Preschool</b> <b>Monday-Friday</b> \$1347/month (12 mo)*	<b>1/2 Day Preschool</b> <b>Monday-Thursday</b> \$665/month (9 mo)*	<b>1/2 Day Preschool</b> <b>Friday only</b> \$150/month (9 mo)*

**\*5% Discount for Glenview Residents (fee indicates \$195 deposit applied to tuition).**

Credit Card Payment Method	OR	Checking Account Payment Method
Name on Credit/DebitCard: _____ Billing Address: _____ City/State/Zip: _____ Phone: _____  <input type="checkbox"/> Visa      CREDIT CARD # _____ - _____ - _____ <input type="checkbox"/> Master Card      EXPIRATION DATE ____/____/____ <input type="checkbox"/> Discover      MONTHLY PAYMENT PLAN <input type="checkbox"/> PAY IN FULL <input type="checkbox"/>		Name on BankAccount: _____ Financial Institution Name: _____ City/State/Zip: _____ Phone: _____ Routing #: _____ Account# _____  <div style="border: 1px solid black; padding: 5px; text-align: center; color: red;">             PLEASE PROVIDE A VOIDED CHECK              STAPLED TO THIS FORM FOR PAYMENT PLANS. PLEASE MAKE CHECK PAYABLE              TO "GLENVIEW PARK DISTRICT" FOR FULL AND REMAINING BALANCE PAYMENTS           </div>
<i>*Although we will initiate the transaction at the beginning of each month, we are unable to guarantee the date that it will be processed through your financial institution. Under normal circumstances, it's generally expected to process within 5 business days. Full and remaining balance payments processed upon receipt.</i>		<i>*Although we will initiate the transaction at the beginning of each month, we are unable to guarantee the date that it will be processed through your financial institution. Under normal circumstances, it's generally expected to process within 5 business days. Full and remaining balance payments processed upon receipt.</i>

**I UNDERSTAND AND AGREE TO THE FOLLOWING:**

**PAYING BY CREDIT:** I have authorized the Glenview Park District to charge the monthly balance due via installment payments on the credit/debit card listed above if paying monthly or I have authorized the Glenview Park District to charge the tuition balance due on the credit/debit card listed above. I understand that any changes to the program registration may result in a change in the program fee and adjustment to the amount of the payment. That, should the charge to my card be declined for any given payment, the participant listed above will not be permitted to participate in the Park Center program until the balance is paid in full.

**PAYING BY CHECK:** I have enclosed a voided check and authorize the Glenview Park District to initiate payment entries for the purpose of payment for Early Childhood classes on a monthly basis to my checking account information listed above if paying monthly or I have attached a completed check for the full amount of the remaining tuition balance. I am aware that there is a \$20 processing fee charged for returned checks. I also understand that any declined payment may result in the participant listed above to not be permitted to participate in the Park Center program until the balance is paid in full.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND AND AGREE TO THE FOLLOWING:**

**Withdrawal and Refund Policy:** \$195 registration fee is non-refundable when canceling your child's enrollment. If a child attends 1 day in a month you are required to pay that month's tuition.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_