Registration Payment Form (2023/2024 school year)
(please print)

Park Center Preschool

Child's Name_____Parent/Guardian _____

Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

2023-2024 School year *Rates effective May 1, 2023-April 30, 2024*	
3-5-year-olds $1438/month (12 mo)*	2-year-olds $1466/month (12 mo)*

*Fee indicates $100 deposit applied to tuition and 5% Discount for Glenview Residents.

Credit Card Payment Method	OR	Checking Account Payment Method
Name on Credit/DebitCard:_____ Billing Address:_____ City/State/Zip:_____Phone:_____ ☐Visa ☐MasterCard ☐Discover ☐AmEx CREDIT CARD# __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ EXPIRATION DATE _____ MONTHLY PAYMENT PLAN ☐ PAY IN FULL ☐ **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.*		Name on BankAccount:_____ Financial Institution Name:_____ City/State/Zip:_____Phone:_____ Routing # :_____Account#_____ 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 **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 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**:** $100 registration fee is non-refundable when canceling your child's enrollment. If a child attends 1 day in a month, payment for the full month's tuition is required.

Signature of Applicant:_____ Date: _____