## **Learning Labs 2023-2024**





Return completed form	along with fee to: Bensenvill	e Park District 1000 V	N. Wood St. Bensenville IL 60106
Family Last Name		_ E-mail address	
Participant Name		Age	e Birthdate
Address		City	Zip
Home #	Cell #		Emergency #
☐ Check this box if incl	ring section if requesting incusion services are needed to odations that you may requir	participate in our pr	rogramming.
Class Time/Day M/W/F 12:30-2:30	pm 605117-01 3-5 year o	ld \$975   \$875 In-Dis	st Child must be 3 on or before Sept. 1, 2023
lost or stolen cards, or card information currer • If you choose to make \$25 late service fee, we	reissued cards. Please under nt. payments each month, you m recommend utilizing the Aut yment card by the fifth day o	stand it is your respo nust make your payme o Pay Method—your n	vice fee will be charged for: expired cards insibility to keep credit/debit ent by the first day of each month. To avoid the monthly payment will be automatically erms on back of this page)
•			back of this page) , remaining 5 due Oct 1, Nov 1, Dec 1, 2023 and
Note: If check is returned required in cash or cred "As a participant in the pro- risk of any injuries, includin with or associated with such	it card before attendance in a gram, I recognize and acknowledg g loss of life, damage or loss which programs." I further agree to wa	I insufficient funds, fu the class can continue ge that there are certain ch I may sustain as a resu aive and relinquish all cla	risks of physical injury and I agree to assume the full ult of participating in any and all activities connected aims, fully release and discharge and agree to indemand employees from any and all claims resulting from
injuries including: loss of lif of the program. I hereby agr	e, damages and loss sustained by ee and consent to give the Bense	me and arising out of, cenville Park District unlim	connected with or in any way associated with activities nited rights to use any photographs or video footage of n. And I waive all claims for compensation for such use.
<b>Parent or Guardian Sign</b> <i>Note: this registration fo</i>	ature rm cannot be processed with	out the above signatu	ure.

## Terms of Learning Labs Automatic Monthly Payment Plan

The Bensenville Park District offers the convenience of an automatic scheduled payment contract at no cost to you. If you choose to enroll in this program, a monthly statement will be provided for your personal records.

By participating in the automatic payment plan, I understand and agree to the following terms:

- Automatic payments will be processed on the first day of the month beginning September 1, 2023 through February 1, 2024.
- Credit/Debit cards that are declined will be charged a \$25.00 service fee by the Bensenville Park District. (Example: expired card, lost or stolen cards, reissued cards, etc.) The \$25.00 fee will not be waived. Please understand it is your responsibility to keep your Credit/Debit card information current.
- Credit cards that decline may result in forfeiture of this payment option.
- All late fees, attendance change and additional care fees will be automatically debited from your account and listed on your monthly statement. No exceptions.
- Please contact Customer Service at (630) 766-7015 (Mon-Fri, 9-5pm) with your current credit card information and please fill out a new form with current card information.

## Program Cancellation/Withdrawal Information

The Bensenville Park District must receive requests to withdraw from the 2023-2024 programs by September 15, 2023 in order to receive a refund of class held. A \$5 service fee will be charged for cancellation.

Program withdrawal requests received after the start of class must be received two weeks before your child's last day in order to receive a refund of tuition paid for the days that your child will not attend due to withdrawing from the program. Program withdrawal requests will be accepted October 1-March 1. Refunds will not be issued for program withdrawal requests after March 1. Call (630) 766-7015 x126 or email BAponte@bvilleparks.org.

<b>Auto Payment Method</b> Please Note: A \$25 service f	ee will be required in cash for cred	dit card declinations.		
☐ Yes ☐ No				
Check #				
	Card Number			
Expiration Date	CVV code # on back	Zip Code	Amount \$	
Name on Card				
Signature		Date		
Staff Initials				