Lunch Pals & Playtime 2023-2024

Note: this registration form cannot be processed without the above signature.



Registration and Payment Plan Form

Return completed form alo	ong with fee to: Bensenville Pa	rk District 1000 W. V	ood St. Bensenville IL 60106
Family Last Name	E	-mail address	
Participant Name		Age	Birthdate
Address	Cit	у	Zip
Home #	Cell #		Emergency #
☐ Check this box if inclus	g section if requesting inclusion services are needed to par ations that you may require	ticipate in our progr	amming.
Class Time/Day M/W/F 11:30am-12:30pn	n 605511-01 3-5 year old	\$540 \$440 In-Dist	Child must be 3 on or before Sept. 1, 2023
lost or stolen cards, or rei card information current. • If you choose to make pay \$25 late service fee, we re deducted from your paym	ssued cards. Please understan ments each month, you must commend utilizing the Auto Pa ent card by the fifth day of eac	d it is your responsi make your payment y Method—your mor	by the first day of each month. To avoid the other sthly payment will be automatically
	√Installments: (Must sign Term		k of this page) aining 5 due Oct 1, Nov 1, Dec 1, 2023 Jan 2
	Current Amount Due _		
	o the park district stamped insu card before attendance in the c		ayment as well as a \$25 penalty will be
risk of any injuries, including lowith or associated with such prinify and hold harmless and deinjuries including: loss of life, cof the program. I hereby agree	oss of life, damage or loss which I mograms." I further agree to waive a fend the park district and it's office amages and loss sustained by meand consent to give the Bensenville	nay sustain as a result on the relinquish all claims rs, agents, servants and arising out of, conre Park District unlimited	s of physical injury and I agree to assume the full of participating in any and all activities connected s, fully release and discharge and agree to indemmember of the control of the con
Parent or Guardian Signatu	ire		Date

Terms of Lunch Pals & Playtime 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.

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