

# Little Sprouts 2024-2025

## Registration and Payment Plan Form



Return completed form along with fee to: Bensenville Park District, 1000 W. Wood St., Bensenville, IL 60106

Family Last Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency # \_\_\_\_\_

### Class Information

Tu/Th 9:15-11:15 a.m. 605406-01 2-3 years \$640 | \$540 In-Dist. Child must be 2 on or before Sept. 1, 2024

### Payment Information

- Payments are due by the first day of each payment month. A late fee of \$20.00 will be added on the second day of the month if the payment is not received by the first
- To avoid late fee assessments, we recommend utilizing the Auto Pay Method; your monthly payment will be automatically deducted from your payment card on or by the first day of every month.

### Choose your payment option

\_\_\_\_\_ Option 1. Full payment due at registration.

\_\_\_\_\_ Option 2. Initial payment is \$107 (\$90 In-District) followed by five monthly payments of \$107 (\$90 In-District) on Oct. 1, Nov. 1, Dec 2, Jan. 1 and Feb. 3.

**Total Due** \_\_\_\_\_ **Current Amount Due** \_\_\_\_\_

*Note: If check is returned to the park district stamped insufficient funds, full payment as well as a \$25 penalty will be required in cash or credit card before attendance in the class can continue.*

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs." I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and it's officers, agents, servants and employees from any and all claims resulting from injuries including: loss of life, damages and loss sustained by me and arising out of, connected with or in any way associated with activities of the program. I hereby agree and consent to give the Bensenville Park District unlimited rights to use any photographs or video footage of me (my child), in which I (he/she) may be included in whole or in part, for publication. And I waive all claims for compensation for such use.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

### Auto Payment Method

I choose auto payment:  Yes  No

Check # \_\_\_\_\_

VISA  MC  DISC Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV code # on back \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Initials \_\_\_\_\_