



# Bolingbrook Park District Preschool Payment Agreement

## (Required for Preschool Registration)

**PARENT / GUARDIAN INFORMATION:**

Household ID Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email Address (REQUIRED) \_\_\_\_\_

**ENROLLEE INFORMATION**

Child's Name 1: \_\_\_\_\_

Child's Name 2: \_\_\_\_\_

Child's Name 3: \_\_\_\_\_

Check here for an email reminder about Direct Debit dates. **Please note: You are responsible for contacting the Bolingbrook Park District with new email address information. Your email address is safe with us. Your information will not be distributed to other organizations or companies.**

**PRESCHOOL INSTALLMENT SCHEDULE**

The following is the payment schedule for the school year dependent on the preschool program that the child is enrolled. The installment amount is the full cost of the school year divided by nine scheduled payments (this is not a monthly payment amount). There is a \$75 non-refundable registration fee per child that is separate from the Preschool Tuition Fees.

Class Days	Installment Amount (1 of 9) (Fee w/Res ID)	# of Payments	Preschool Tuition Fees (Fee w/Res ID)	Registration Activity Code
<b>STEPPING STONES - ANNERINO COMMUNITY CENTER</b>				
3 YEAR-OLD PROGRAM (M/W - AM)	\$136/\$109	9	\$1224/\$981	214103-F01
4 YEAR-OLD PROGRAM (M/W/F - AM)	\$203/\$163	9	\$1827/\$1467	214104-F01
<b>STEPPING STONES - BOLINGBROOK RECREATION &amp; AQUATIC COMPLEX</b>				
SOON 2B3 PROGRAM (TU/TH - AM)	\$115/\$92	9	\$1035/\$828	214202-F01
4 YEAR-OLD PROGRAM (M/W/F - AM)	\$203/\$163	9	\$1827/\$1467	214204-F01
<b>SEEDLINGS - HIDDEN OAKS NATURE CENTER</b>				
3 YEAR-OLD PROGRAM (TU/TH - AM)	\$136/\$109	9	\$1224/\$981	214303-F01
4 YEAR-OLD PROGRAM (M/W/F - AM)	\$203/\$163	9	\$1827/\$1467	214304-F01
4 YEAR-OLD PROGRAM (M/W/F - AM)	\$203/\$163	9	\$1827/\$1467	214304-F02

**INSTALLMENT SCHEDULE DUE DATES (ACH Payments will be processed on the 10th of each month)**

Payment Number:		Payment Number:		Payment Number:	
1	September 10, 2020	4	December 10, 2020	7	March 10, 2021
2	October 10, 2020	5	January 10, 2021	8	April 10, 2021
3	November 10, 2020	6	February 10, 2021	9	May 10, 2021

**CONTINUED ON BACK**

## TERMS AND CONDITIONS

By signing this agreement, I agree to pay for the selected Preschool activity registration in the amounts in the above Installment Schedule and according to the Installment Schedule Dates with the Bolingbrook Park District. Changes to billing information during the Preschool Payment Agreement must be submitted to the Bolingbrook Park District before the 1st of the month or billing will proceed as scheduled with original billing information. This includes any changes to the checking account for Direct Debit billing, address information, and/or email information.

For Direct Debit billing, if an ACH is returned from the member's depository, the customer will be charged a \$35 service fee. The member will be required to pay the Direct Debit billing balance including the \$35 service fee within 5 business days. If the Direct Debit billing balance is not paid by the 20th of the month from Installment Schedule Date, the child will be withdrawn from the Preschool program until balance is paid. The customer hereby agrees to pay all expenses and costs incurred by the District in enforcing the provisions of this Agreement, including but not limited to reasonable collection costs, attorneys' fees, and expenses. If the District prevails in any litigation arising out of any dispute concerning this Agreement, the District shall be entitled to recover all expenses incurred, including without limitation, reasonable attorneys' fees and court costs. The customer may prepay in full at any time before maturity.

**This Agreement is in effect until written verification is submitted to the Bolingbrook Park District stating the above-named child has been withdrawn from the Preschool program. Individuals that drop out of the Preschool program after March 15, 2021 will not be refunded the balance of the Preschool program.**

**I have read and fully understand the above terms and condition of the Preschool Payment Agreement. I understand that the Agreement is non-refundable and non-transferable. If a child transfers to another class, the Parent/Guardian must complete and sign a new Preschool Payment Agreement.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURE AND AGREEMENT (REQUIRED)

By signing this agreement, I \_\_\_\_\_ (*print name*) agree that I have not filed bankruptcy in the last 90 days. Moreover, I irrevocably agree that if I file a Chapter 7 or Chapter 13 Bankruptcy Petition while any portion of the consideration is owing, I agree that the debt is non-dischargeable. Further, this agreement is subject to modification and/or termination upon the filing and notice of bankruptcy.

Bank Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT OPTIONS

Select ONE of the following:  Direct Debit to Checking Account  
(Total of 9 Installments after non-refundable registration fee )  Paid In Full Preschool Tuition Fee  
(Excluding the \$75 non-refundable registration fee per enrollment)

*Selection of options is final. For the Direct Debit option, the amount is automatically withdrawn from a checking account on the specified dates detailed in the Payment Schedule Dates Table.*

For Direct Debit (ACH) : Signature of Bank Account Holder: \_\_\_\_\_

*By selecting Direct Debit (ACH) monthly debit (checking account only), you must attach a voided check to a checking account with preprinted name, address, routing number and account number.*

Email (REQUIRED): \_\_\_\_\_