

Bolingbrook Park District REACH Payment Agreement *(Required for REACH Registration)*

PARENT / GUARDIAN INFORMATION:

Household ID Number _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

ENROLLEE INFORMATION

Pioneer Independence Jonas Salk BJ Ward

Child's Name 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REACH PAYMENT SCHEDULE

The following is the payment schedule for the school year dependent on the activity registration that the child is enrolled. The payment amount is the full cost of the school year divided by nine scheduled payments (*this is not a monthly payment amount*).

Day Option	Select Option(s)	# of Children	Pioneer Code	Independence Code	Jonas Salk Code	BJ Ward Code	Monthly Payment Amount	Yearly Total
5 DAY OPTION:								
Before School	<input type="checkbox"/>	1	52800Z	52810Z	52820Z	52830Z	\$ 130	\$ 1,170
	<input type="checkbox"/>	2					\$ 188	\$ 1,692
	<input type="checkbox"/>	3					\$ 234	\$ 2,106
After School	<input type="checkbox"/>	1	52801Z	52811Z	52821Z	52831Z	\$ 142	\$ 1,278
	<input type="checkbox"/>	2					\$ 218	\$ 1,962
	<input type="checkbox"/>	3					\$ 258	\$ 2,322
Before & After School	<input type="checkbox"/>	1	52802Z	52812Z	52822Z	52832Z	\$ 260	\$ 2,340
	<input type="checkbox"/>	2					\$ 392	\$ 3,528
	<input type="checkbox"/>	3					\$ 477	\$ 4,293
3 DAY OPTION:								
Before School	<input type="checkbox"/>	1	52803Z	52813Z	52823Z	52833Z	\$ 90	\$ 810
	<input type="checkbox"/>	2					\$ 128	\$ 1,152
	<input type="checkbox"/>	3					\$ 162	\$ 1,458
After School	<input type="checkbox"/>	1	52804Z	52814Z	52824Z	52834Z	\$ 102	\$ 918
	<input type="checkbox"/>	2					\$ 148	\$ 1,332
	<input type="checkbox"/>	3					\$ 177	\$ 1,593
Before & After School	<input type="checkbox"/>	1	52805Z	52815Z	52825Z	52835Z	\$ 180	\$ 1,620
	<input type="checkbox"/>	2					\$ 262	\$ 2,358
	<input type="checkbox"/>	3					\$ 324	\$ 2,916

PAYMENT SCHEDULE DUE DATES (*ACH Payments will be processed on the 19th of each month*)

Payment Number:		Payment Number:	
1	At Time of Registration	4	November 20, 2018
2	September 20, 2018	5	December 20, 2018
3	October 20, 2018	6	January 20, 2019
		7	February 20, 2019
		8	March 20, 2019
		9	April 20, 2019

CONTINUED ON BACK

TERMS AND CONDITIONS

By signing this agreement, I agree to pay for the selected REACH activity registration(s) in the amounts in the above Payment Schedule and according to the Payment Schedule Dates with the Bolingbrook Park District. Changes to billing information during the REACH Payment Agreement must be submitted to the Bolingbrook Park District before the 8th 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. For Installment billing, a \$ 25 late fee will be assessed if payment is after the 25th of the month due. If the Direct Debit billing balance or Installment Billing balance is not paid by the 30th of the month from Payment Schedule Date, the child will be withdrawn from the REACH program until balance is paid. The customer agrees to pay reasonable attorney's fees incurred in the collection and enforcement of this contract. 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(ren) has been withdrawn from the REACH program. Individuals that drop out of the REACH school year after April 20, 2019 will not be refunded the balance of the REACH school year.

I have read and fully understand the above terms and condition of the REACH Payment Agreement. I understand that the Agreement is non-refundable and non-transferable. If a child(ren) transfers to another class, the Parent/Guardian must complete and sign a new REACH 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 8 payments after Initial Payment) Installment Billing (Total of 9 Payments) Paid In Full (For the School Year)

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): _____