

## 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	Woodview	John R Tibbott
Child's Name 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name 3 _____	<input type="checkbox"/>	<input type="checkbox"/>	<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	Woodview Code	John R. Tibbott Code	Monthly Payment Amount	Yearly Total
<b>5 DAY OPTION:</b>										
Before School	<input type="checkbox"/>	1	202210-E10	202310-E10	202410-E10	202510-E10	202610-E10	202710-E10	\$ 130	\$ 1,170
	<input type="checkbox"/>	2							\$ 188	\$ 1,692
	<input type="checkbox"/>	3							\$ 234	\$ 2,106
After School	<input type="checkbox"/>	1	202210-E20	202310-E20	202410-E20	202510-E20	202610-E20	202710-E20	\$ 142	\$ 1,278
	<input type="checkbox"/>	2							\$ 218	\$ 1,962
	<input type="checkbox"/>	3							\$ 258	\$ 2,322
Before & After	<input type="checkbox"/>	1	202210-E30	202310-E30	202410-E30	202510-E30	202610-E30	202710-E30	\$ 260	\$ 2,340
	<input type="checkbox"/>	2							\$ 392	\$ 3,528
	<input type="checkbox"/>	3							\$ 477	\$ 4,293
<b>3 DAY OPTION:</b>										
Before School	<input type="checkbox"/>	1	202210-E40	202310-E40	202410-E40	202510-E40	202610-E40	202710-E40	\$ 90	\$ 810
	<input type="checkbox"/>	2							\$ 128	\$ 1,152
	<input type="checkbox"/>	3							\$ 162	\$ 1,458
After School	<input type="checkbox"/>	1	202210-E50	202310-E50	202410-E50	202510-E50	202610-E50	202710-E50	\$ 102	\$ 918
	<input type="checkbox"/>	2							\$ 148	\$ 1,332
	<input type="checkbox"/>	3							\$ 177	\$ 1,593
Before & After	<input type="checkbox"/>	1	202210-E60	202310-E60	202410-E60	202510-E60	202610-E60	202710-E60	\$ 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 19<sup>th</sup> of each month*)

Payment Number:		Payment Number:		Payment Number:	
1	At Time of Registration	4	November 20, 2019	7	February 20, 2020
2	September 20, 2019	5	December 20, 2019	8	March 20, 2020
3	October 20, 2019	6	January 20, 2020	9	April 20, 2020

**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 8<sup>th</sup> 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 25<sup>th</sup> of the month due. If the Direct Debit billing balance or Installment Billing balance is not paid by the 30<sup>th</sup> of the month from Payment Schedule Date, the child will be withdrawn from the REACH 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.

**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, 2020 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 8 Payments after Initial Payment)  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):** \_\_\_\_\_

