



**CLUB REC REGISTRATION FORM 2019-20**

**OFFICE USE ONLY**

Deposit Date:

Received by:

Enrollment Date:

Enrolled by:

All children within a single household may be put on a single registration form. An email will go out to the primary guardian requesting emergency contact information be filled out via our online ePACT network.

**CHILD 1**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: M\_\_\_ F\_\_\_ Age: \_\_\_\_\_ Grade entering Fall 2019: \_\_\_\_\_

**CHILD 2**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: M\_\_\_ F\_\_\_ Age: \_\_\_\_\_ Grade entering Fall 2019: \_\_\_\_\_

**CHILD 3**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: M\_\_\_ F\_\_\_ Age: \_\_\_\_\_ Grade entering Fall 2019: \_\_\_\_\_

**PRIMARY PARENT/GUARDIAN INFORMATION**

This will be who receives email correspondences. You will be able to add additional contacts and authorized pick-up individuals via our online ePACT network.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Alternative #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Primary Email (Required): \_\_\_\_\_

A \$25.00 non-refundable (per child) registration fee must be attached in order to process this registration. Weekly payments will begin August 7, 2019 and will end on May 6, 2020 (unless registering after billing has started, then your billing schedule will be adjusted to ensure care during the entire school year). Monthly payment will be on the 10th of each month from August 2019 to April 2020. Please see the attached billing schedule that shows dates of coverage per bill. We offer a 10% discount for each additional child.

**Please circle which school your child attends:**

Hammerschmidt

Madison

Manor Hill

Park View

Pleasant Lane



## CLUB REC REGISTRATION OPTIONS

(AM & PM Club Rec is held at the school your child attends)  
Please indicate the Club Rec Option below and circle your chosen payment option:



Full-Time			
5 Day AM	\$42/wk	\$168/mo	\$1,512/yr
5 Day PM	\$72/wk	\$288/mo	\$2,592/yr
5 Day AM & PM	\$114/wk	\$456/mo	\$4,104/yr

Part-Time (circle days and payment option)				
4 Day AM	M Tu W Th F	\$34/wk	\$136/mo	\$1,224/yr
4 Day PM	M Tu W Th F	\$58/wk	\$232/mo	\$2,088/yr
4 Day AM & PM	M Tu W Th F	\$92/wk	\$368/mo	\$3,312/yr
3 Day AM	M Tu W Th F	\$26/wk	\$104/mo	\$936/yr
3 Day PM	M Tu W Th F	\$44/wk	\$176/mo	\$1,584/yr
3 Day AM & PM	M Tu W Th F	\$70/wk	\$280/mo	\$2,520/yr
2 Day AM	M Tu W Th F	\$17/wk	\$68/mo	\$612/yr
2 Day PM	M Tu W Th F	\$29/wk	\$116/mo	\$1,044/yr
2 Day AM & PM	M Tu W Th F	\$34/wk	\$136/mo	\$1,225/yr

Ten Visit Punch Card
Can be used for AM or PM Club Rec. May not be used for early dismissal and half days. Unused punches are <b>non-refundable</b> . Punch cards are left at the Club Rec Site.
\$150

### PAYMENT INFORMATION

Credit card information must be provided for billing purposes. Only fill this out if you are not registering in person.  
Cash or check can be accepted for deposits or paying in full options. Please make checks payable to "Lombard Park District".

I wish to pay the following amount (please indicate):

- \$25 deposit x \_\_\_\_ number of children = \_\_\_\_\_
- Club Rec Payment in Full       Use this credit card for billing setup.

Please circle type of card:      VISA      MASTERCARD      DISCOVER CARD

Card Number: \_\_\_\_\_ EXP Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

Cardholder's Email: \_\_\_\_\_ Cardholder's Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**AUTOMATIC PAYMENT CONTRACT  
CLUB REC FALL 2019-20**



The Lombard Park District is offering the convenience of an automatic scheduled payment contract at no additional cost to you. Simply fill out the information below and return it with your completed Fall Registration. Families that choose the option of enrolling in our auto payment program will receive an e-mailed invoice for your personal records.

It is your responsibility to keep us up to date regarding all the information on this form. All declined charges will incur a \$10.00 service fee. (Example: expired expiration dates, lost or stolen cards, reissued cards, etc.) The \$10.00 service fee will not be waived.

1<sup>st</sup> child: \_\_\_\_\_ School: \_\_\_\_\_

2<sup>nd</sup> child: \_\_\_\_\_ School: \_\_\_\_\_

3<sup>rd</sup> child: \_\_\_\_\_ School: \_\_\_\_\_

36 weekly debits will be taken on the Wednesday prior to the week of coverage (see attached billing scheduled). Monthly debits will be done on the 10th (or following Monday) of each month from August 2019-April 2020.

\_\_\_\_\_ Weekly Amount stated on e-mailed invoices (36 payments) Amount: \_\_\_\_\_

\_\_\_\_\_ Monthly Amount stated on e-mailed invoices (9 payments) Amount: \_\_\_\_\_

**Please initial the following:**

\_\_\_\_\_ I understand that a declined card for any reason will result in a \$10 service fee every time.

\_\_\_\_\_ I understand that failure to clear my balance within 3 business days will result in my child's temporary suspension from the program.

\_\_\_\_\_ I understand that all service fees and late pick-up fees will be applied to my upcoming bill.

**I give the Lombard Park District authorization to debit the above listed amount and all service fees and late pick-up fees to my:**

Please circle type of card:      VISA      MASTERCARD      DISCOVER CARD

Cardholder's Name: \_\_\_\_\_ Last 4 Digits of Card on File: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Cardholder's Email: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_-