

# Getting to Know Your Child

**Please complete this form so we may get to know your child better.**

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

Parent(s)/Guardian \_\_\_\_\_

Nickname/What would you like us to call your child \_\_\_\_\_

Siblings (Name & Ages) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_

\_\_\_\_\_

Medical Conditions/Medication \_\_\_\_\_

\_\_\_\_\_

Any Speech or Hearing Concerns? \_\_\_\_\_

Does your child have any special fears? If so, please explain \_\_\_\_\_

\_\_\_\_\_

What do you do to reassure your child? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special interests? (i.e. trips, bugs, pets) \_\_\_\_\_

\_\_\_\_\_



Previous School Experience \_\_\_\_\_

Is your child generally friendly slow to warm up active sensitive (circle one)

Other \_\_\_\_\_

How does he/she get along with siblings/playmates? \_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

How do you discipline? \_\_\_\_\_

Primary language spoken at home? \_\_\_\_\_

Food allergies/restrictions? \_\_\_\_\_

What do you hope your child takes away from preschool? \_\_\_\_\_

Is there anything else you would like to share about your child?

## Preschool 2020-2021 Payment Selection TUE/THUR



Participants Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

**PAYMENT OPTION # 1** – AUTOMATIC PAYMENTS FROM YOUR CREDIT CARD ON THE 1<sup>ST</sup> OF THE MONTH IN THE AMOUNT OF \$122.85 for Residents and \$124.60 for Non-Residents with the yearly fee being \$1105.65 for Residents and \$1121.40 for Non- Residents (IN THE EVENT THE 1<sup>ST</sup> OF THE MONTH FALLS ON A WEEKEND OR A HOLIDAY THE PAYMENTS WOULD BE RUN ON THE NEXT AVAILABLE BUSINESS DATE)

**PAYMENT OPTION #2**- AUTOMATIC PAYMENTS FROM YOUR CHECKING ACCOUNT ON THE 1<sup>ST</sup> OF THE MONTH IN THE AMOUNT OF \$122.85 for Residents and \$124.60 for Non-Residents with the yearly fee being \$1105.65 for Residents and \$1121.40 for Non- Residents (IN THE EVENT THE 1<sup>ST</sup> FALLS ON A WEEKEND OR A HOLIDAY THE PAYMENTS WOULD BE RUN ON THE NEXT AVAILABLE BUSINESS DATE)

**PAYMENT OPTION #3**- NO AUTOMATIC PAYMENTS. YOU WOULD COME IN PERSON BY THE 1<sup>ST</sup> OF THE MONTH TO RIVERS EDGE RECREATION CENTER AT 1151 W LOCUST ST AND MAKE YOUR PAYMENT IN THE AMOUNT OF \$122.85 for Residents and \$124.60 for Non-Residents with the yearly fee being \$1105.65 for Residents and \$1121.40 for Non- Residents (IN THE EVENT THE 1<sup>ST</sup> FALLS ON A WEEKEND OR A HOLIDAY THE PAYMENT WOULD BE DUE ON THE NEXT AVAILABLE BUSINESS DATE)

**PAYMENT OPTION #4**- PAY IN FULL BEFORE SEPTEMBER 1, 2020 AND RECEIVE A 5% DISCOUNT AT THE TIME OF REGISTRATION, FEES WITH THE DISCOUNT WOULD BE \$1050.37 FOR RESIDENTS AND \$1065.33 FOR NON- RESIDENTS

**\*\*ALL PAYMENTS WILL BEGIN ON SEPTEMBER 1<sup>ST</sup> 2020\*\***

**ONE MONTH PAYMENT IS DUE AT THE TIME OF REGISTRATION AND THIS PAYMENT WILL GO TOWARDS YOUR FINAL MONTH MAY 2021 PAYMENT. PAYMENTS MADE AFTER THE 1<sup>ST</sup> OF THE MONTH WILL BE CHARGED A \$15.00 LATE FEE**



# Recurring Credit Card Charge Authorization Form

I (we) hereby authorize, The Belvidere Park District, to make recurring charges to my credit card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until The Belvidere Park District is notified by me (us) in writing to cancel it in such time as to afford The Belvidere Park District and credit card company a reasonable opportunity to act on it.

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**Name –PLEASE PRINT AS APPEARS ON CARD**

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**Address-PLEASE PRINT**

**Phone Number/EMAIL-PLEASE PRINT**

\_\_\_\_\_  
**Last 4 digits of card**

\_\_\_\_\_  
**Visa/MasterCard**

**Please circle**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**CVV Code**

\_\_\_\_\_  
**Charge Amount**

\_\_\_\_\_  
**Billing Zip Code**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Effective Date**

This credit card authorization form is for the 2020-2021 Preschool Program.

Please return to:

Belvidere Park District 1006 W Lincoln Ave. Belvidere, Illinois 61008

815-547-5711 Administration Office Telephone Number

## Preschool 2020-2021 Payment Selection M/W/F



Participants Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

**PAYMENT OPTION # 1** – AUTOMATIC PAYMENTS FROM YOUR CREDIT CARD ON THE 1<sup>ST</sup> OF THE MONTH IN THE AMOUNT OF \$153.30 for Residents and \$155.05 for Non-Residents with the yearly fee being \$1379.70 for Residents and \$1395.45 for Non- Residents (IN THE EVENT THE 1<sup>ST</sup> OF THE MONTH FALLS ON A WEEKEND OR A HOLIDAY THE PAYMENTS WOULD BE RUN ON THE NEXT AVAILABLE BUSINESS DATE)

**PAYMENT OPTION #2**– AUTOMATIC PAYMENTS FROM YOUR CHECKING ACCOUNT ON THE 1<sup>ST</sup> OF THE MONTH IN THE AMOUNT OF \$153.30 for Residents and \$155.05 for Non-Residents with the yearly fee being \$1379.70 for Residents and \$1395.45 for Non- Residents (IN THE EVENT THE 1<sup>ST</sup> FALLS ON A WEEKEND OR A HOLIDAY THE PAYMENTS WOULD BE RUN ON THE NEXT AVAILABLE BUSINESS DATE)

**PAYMENT OPTION #3**– NO AUTOMATIC PAYMENTS. YOU WOULD COME IN PERSON BY THE 1<sup>ST</sup> OF THE MONTH TO RIVERS EDGE RECREATION CENTER AT 1151 W LOCUST ST AND MAKE YOUR PAYMENT IN THE AMOUNT OF \$153.30 for Residents and \$155.05 for Non-Residents with the yearly fee being \$1379.70 for Residents and \$1395.45 for Non- Residents ( IN THE EVENT THE 1<sup>ST</sup> FALLS ON A WEEKEND OR A HOLIDAY THE PAYMENT WOULD BE DUE ON THE NEXT AVAILABLE BUSINESS DATE)

**PAYMENT OPTION #4**– PAY IN FULL BEFORE SEPTEMBER 1, 2020 AND RECEIVE A 5% DISCOUNT AT THE TIME OF REGISTRATION, FEES WITH THE DISCOUNT WOULD BE \$1310.71 FOR RESIDENTS AND \$1325.68 FOR NON- RESIDENTS

**\*\*ALL PAYMENTS WILL BEGIN ON SEPTEMBER 1<sup>ST</sup> 2020\*\***

**ONE MONTH PAYMENT IS DUE AT THE TIME OF REGISTRATION AND THIS PAYMENT WILL GO TOWARDS YOUR FINAL MONTH MAY 2021 PAYMENT. PAYMENTS MADE AFTER THE 1<sup>ST</sup> OF THE MONTH WILL BE CHARGED A \$15.00 LATE FEE**



## Checking Account ACH Credit/Debit Authorization Form

I (we) hereby authorize Belvidere Park District (The Company) to initiate a debit entry to my (our) checking account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until the Belvidere Park District is notified by me (us) in writing to cancel it in such time as to allow the Belvidere Park District and Bank a reasonable opportunity to act on it.

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Name of Financial Institution:

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Location (City & State):

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Financial Institution's Routing Transit Number:

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Checking Account Number:

Customer Signature

Date

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Customer Name (Print)

\*Please attach a copy of a canceled check\* \*

\*Should this payment be returned you will be responsible for fees (\$35.00) assessed to the Belvidere Park District as a result of your returned item/s

\*\* Should this payment be returned during any of the billing cycles you will be removed from the installment billing/automatic ACH program and then prepay thereafter.