

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

# Grayslake Community Park District

## I LOVE LEARNING PRESCHOOL REFUND FORM

Prior to submitting a request for a refund, please review the I Love Learning Preschool refund policy below.

### PAYMENT & REFUND POLICY

Tuition payments are based on the total number of school days divided into nine equal monthly installments. Participants are required to make the first and last months installments at the time of registration. The last month's tuition payment is used as a security deposit. Subsequent payments are due on the first of each month, beginning October 1. Tuition payments not received by the tenth of the month will incur a \$25 late fee. Tuition payments not received by the end of the month will result in the removal of the child from the program and the May tuition payment will be applied to that month.

**No prorated fees will be given for partial month's attendance or withdrawal.** The last month's tuition payment paid at the time of registration is non-refundable if a refund request is made after October 1. If a refund request is made before October 1, a full refund is granted (less a \$100 service charge). All refund requests must be made in writing.

### PLEASE PRINT AND PROVIDE ALL INFORMATION BELOW

Family Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Program: **I Love Learning Preschool**

Program Code: \_\_\_\_\_ Days Attend School: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Participant's Full Name: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

### Type of Refund Requested:

Household Credit \_\_\_\_\_

Check \_\_\_\_\_

**\*\* Credit Card** \_\_\_\_\_

*\* If you paid by credit/debit card at the time of registration, your refund will automatically be refunded to your card. Please note: Credit Card refunds can take up to 48 hours to post to your account.*

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**For Office Use Only:**

Amount of Refund Approved: \_\_\_\_\_ Reason: \_\_\_\_\_

Rec. Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent of Recreation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_