

LEAP Afterschool

Change Form, 2026-2027

The Oakbrook Terrace Park District understands that your family's schedule can change. If you need to change the days of the week your child attends LEAP Afterschool Program, please fill out the information below. Please be sure to let us know by the 19th of the month before the change goes into effect. Any family that submits a change form after the 19th of the month will be charged for the original days for the following month. Change forms MUST be submitted to info@obtpd.org or turned into the Heritage Center (1S325 Ardmore Ave).

Today's Date:

Child's First Name:

Child's Last Name:

Email:

Phone Number:

Month change goes into effect:

Please check the box for the days your child will attend LEAP Afterschool. The days selected must stay the same for the full month, and registration is required for the entire month.

Monday	Tuesday	Wednesday	Thursday	Friday
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***Fees:**

5 days \$15 per day

4 days \$16 per day

3 days \$17 per day

2 days \$18 per day

1 day \$19 per day

Any family that submits a change form after the 19th of the month will be charged for the original days for the following month. The Park District does not offer refunds or prorations for participants who miss the program due to vacation, extended absences or sick days.
I've read and understood the policy.

Signature of Acknowledgment:

OBTPD OFFICE USE ONLY

Date received:

Employee Initials:



LEAP Afterschool

Credit Card Change Form, 2026-2027

Today's Date:

Child's First Name:

Child's Last Name:

Email:

Phone Number:

Month change goes into effect:

Month	*Aug/ Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	*May/ Jun.
Payment Date	8/20	9/21	10/20	11/20	12/21	1/20	2/22	3/22	4/20

**August and September are included on August 20th payment and enrollment is required for both August and September. May and June are included on April 20th payment and enrollment is required for both May and June.*

Credit Card Number:

Expiration Date:

By signing below, I authorize Oakbrook Terrace Park District to charge my credit card on the scheduled dates above.

Signature Authorizing Payment:

OBTPD OFFICE USE ONLY

Date received:

Employee Initials:

