## LEAP Afterschool Day's Change Form

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 <a href="mailto:info@obtpd.org">info@obtpd.org</a> or turned into the Heritage Center (1S325 Ardmore Ave).

		Today's Date:						
Child's First Name	:	Child's Last Name:						
Phone Number:		Email:						
Month change goe	s into effect:							
	e days you plan on at the days you cho							
Monday	Tuesday	Wednesday	Friday					
<b>-ees</b> : <b>days</b> \$14 per day, 4 ay	l days \$15 per day, 3	3 days \$16 per day,	<b>2 days</b> \$17 per da	y, <b>1 day</b> \$18 per				
days for the followin	nits a change form af g month. The Park D m due to vacation, e	istrict does not offer	refunds or proratio					
I've read and unders	tood the policy.							
Signature of Ackno	wledgment:							
BTPD OFFICE USE	ONLY							
)ate received:	Employee Initials:							



## LEAP Afterschool Credit Card Change Form

			l oday's Date:							
Child's Fi	rst Name	<u>.                                    </u>	Child's Last Name:							
Phone Number:					_Email:					
If monthly within the monthly pais not made payments resolved, expired de notify Alesl information  Questions Experience	program, ayment are by the da are decling your child bit/credit cha Reed the n.	unfortunat nd Late Fe ates indica ned withir d will be so ard, stolen ne Rentals your mont	ely, we are must be ted, it will in the same uspended identity is & Custom	re not able e paid by no result in you e school y I from the sue, banki ner Experie	to waive noon the fo our child's i year or an LEAP pro ing probler ence Supe	this fee for ollowing be removal fre outstance ogram. If yours it will be rvisor to u	or any reas ousiness d om the pro ding balan you have a e your resp pdate you	son. Declii ay. If payr ogram. If the ce is not a lost, stole ponsibility r payment Customer	ned ment <b>hree</b> en, or to	
Month of LEAP	Aug/ Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May/ Jun.	
Payment Date	8/20	9/20	10/21	11/20	12/20	1/20	2/20	3/20	4/21	
Credit Ca Expiration By signing scheduled	n Date: j below, l	authorize			_	·			on the	
Signature	Authoriz	zing Paym	nent:							
BTPD OF	FICE USE	ONLY								
ate receive				En	nployee Ir	nitials:				