



## 2023-2024 Preschool Payment Information Payment Authorization Form

### **Preschool Pay in Full Option:**

\$35 non-refundable deposit due with registration form to be processed after the February 28<sup>th</sup> lottery.  
Monday, May 10, full amount auto billed.  
(\$50 discount applied to paid in full option.)

### **Payment Plan Option:**

\$35 non-refundable deposit due with registration form to be processed after the February 27<sup>th</sup> lottery.  
7 auto-payments are deducted on: May 10, Sept 10, Oct 10, Nov 10, Dec 10, Jan 10 & Feb 10.

**Child's Name:** \_\_\_\_\_ **Preschool Site:** \_\_\_\_\_

Payment Plan Form of Payment:

Credit or Bank Card - Last 4 Digits of Card: \_\_\_\_\_

Account Profile Name card is saved under: \_\_\_\_\_

*For security protection, your full credit or debit card number cannot be written on this form.*

***Credit/Debit Card Number MUST be entered in your online account as a Saved Credit Card.***

- Login into AHPD Registration. Click [Login](#).
- Click [My Account](#). Click [List Saved Credit Cards](#).  
Click [Add New](#) to enter a credit/debit card number.\*
- \*Enter the credit/debit card number you wish the auto-payments to be deducted from.

*I understand that a \$35 non-refundable deposit is due at the time of registration for the Payment Plan option. I understand that the payments will be automatically deducted from my saved bank card on the dates listed above. Any declined payments will be placed on your account as a balance due and must be paid off immediately to continue enrollment in preschool.*

Signature: \_\_\_\_\_

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



## 2023-2024 Preschool Class Information

### 3-4 year olds

*(Students must be 3 by September 1, 2023)*

One teacher and one teacher aide (16 students max)

Tuesday and Thursday 9/5/23 – 5/18/24

Location	Class Time	Pay in Full	Payment Plan
Camelot Park	9:00-11:00am	\$1,341	\$1,393 7 payments of \$199
Frontier Park	9:00-11:00am		
Pioneer Park	9:00-11:00am		
Recreation Park	9:00-11:00am		

### 4-5 year olds

*(Students must be 4 by September 1, 2023)*

One teacher and one teacher aide (20 students max)

Monday / Wednesday / Friday 9/6/23 – 5/19/24

Location	Class Time	Pay in Full	Payment Plan
Camelot Park	9:00-11:30am	\$2,029	\$2,079 7 payments of \$297
Frontier Park	9:00-11:30am		
Pioneer Park	9:00-11:30am		
Recreation Park	9:00-11:30am		
Recreation Park	12:30-3:00pm		





Office Use Only  
Class Code # \_\_\_\_\_  
Park Enrolled \_\_\_\_\_  
Start Date \_\_\_\_\_  
Proof of Birth \_\_\_\_\_  
Employee Initials \_\_\_\_\_

**ARLINGTON HEIGHTS PARK DISTRICT  
2023-2024 PRESCHOOL STUDENT INFORMATION FORM**

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Child's Birth Date \_\_\_\_\_  
month/day/year

Name to be used at school (on name tag) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Primary Phone (mom) \_\_\_\_\_ Primary Phone (dad) \_\_\_\_\_

Check one - Single Parent Home \_\_\_\_\_ Two Parent Home \_\_\_\_\_

Indicate name and relationship of those other than parents authorized to pick child up: \_\_\_\_\_

Emergency Phone (Please give two contacts other than parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Parent email \_\_\_\_\_

Parent(s) occupation(s) Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Would you be interested in sharing information about your job? \_\_\_\_\_

Is your child enrolled in any other preschool program? \_\_\_\_\_

List name of program: \_\_\_\_\_

Any allergies (food or animal), hospitalizations, or special accommodations needed \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

Any pets? \_\_\_\_\_

Briefly describe your child's personality \_\_\_\_\_

Have you moved recently? \_\_\_\_\_

List major holidays celebrated \_\_\_\_\_

What is the primary language spoken in your home? \_\_\_\_\_

Are there any problems or concerns the teacher should know? \_\_\_\_\_

What are your goals/expectations for your child in their preschool experience? \_\_\_\_\_

May we use your name, phone number, address and email for class list distribution? [ ] yes [ ] no

ARLINGTON HEIGHTS PARK DISTRICT EMERGENCY CONTACT FORM

**PRESCHOOL PROGRAM**

CHILD'S NAME \_\_\_\_\_ 2023-2024 PRESCHOOL YEAR

HOME ADDRESS \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

MAIN PHONE \_\_\_\_\_ MAIN PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CARE (Please list names of two adults other than the parents who could be contacted if needed)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_

List any medical allergies, chronic illnesses, daily medication or other important condition information:

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