

# CAROL STREAM Park District PRESCHOOL

## 2025-2026 Registration Packet Classes begin week of September 2, 2025 and end week of May 11, 2026

Thank you for your interest in the Carol Stream Park District Preschool Program for the 2025-2026 school year! Additional important program information is available on the park district preschool webpage at [www.csparks.org/preschool](http://www.csparks.org/preschool)

Priority Registration is available for current preschool families with students enrolled in the 2024-2025 school year beginning January 21. Open registration for new families will begin on February 19.

### **Please note the following when registering:**

- Special Needs: accommodations may be made to assist your child. Four week notification is required for all children requesting inclusion services. Please check the box on the Registration Form and someone will contact you.
- Program fee has already been adjusted for holidays, breaks, and non-attendance days.
- Program fee will not be pro-rated for illness, vacation, extended absence, or snow days.
- All participants must be toilet-trained and responsible for their own toilet needs.
- Teachers subject to change.
- Detailed information such as Meet the Teacher dates and class supply lists will be emailed at end of July/early August.

**Registration Policy:** All registrations are subject to acceptance based on program availability, completion of registration forms, receipt of enrollment fee and first month's payment, and the park district's ability to meet any special needs the participant may have.

### **Payment Method:**

- Pay in Full or Automatic EZ Pay plan. Drop-off payments are not permitted.
  - EZ payment plans are pulled *the 1st of each month* beginning October 1.
- Any outstanding fees due to the Carol Stream Park District for program(s) and/or payments related to NSF checks must be paid in full before the registration can be processed.
- Pending Registration: child is ineligible to participate in program until all forms are completed and full payment is received.

### **Payment Schedule:**

- At Registration: \$70 Non-Refundable Registration Fee and first month's payment due
- Beginning October 1: Fee for the Next Month Due
  - Monthly payments will be pulled on the 1<sup>st</sup> of every month October-May
  - Fee listed on registration form is the yearly fee, which is divided into equal monthly payments
- Allow 48 hours to process registration if registering after the school year has begun.
- Consistent late payment or non-payment may result in suspension from the program and restrict future program registration for all CSPD programs. If you have any payment questions or concerns, please direct them to the Service Team; (630) 784-6100.

### **Registration Locations:**

- Simkus Recreation Center, 849 W. Lies Rd., Carol Stream
- Online at [www.csparks.org](http://www.csparks.org)

### **Any participant withdrawing from the program:**

- Will not be guaranteed a spot, should they wish to return.
- Must re-submit all necessary paperwork and information through ePact.
- Participant will not be permitted to "temporarily withdraw" from the program.

Questions? Email [Preschool@csparks.org](mailto:Preschool@csparks.org) or call Program Supervisor at (630) 784-6140. Thank you!

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age as of 9/1/2025 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

☐ My child has special needs or requires one-on-one assistance. A minimum of four weeks' notice is required.



### PAYMENT TERMS & CONDITIONS

#### At Registration

\$70 Non-refundable registration fee and first month's payment due.

#### Beginning October 1

Fee for the Next Month Due (Payments are pulled 1st of every month October-May)

#### Registering After School Year has Begun

Allow 48 hours to process the registration. Include payment for the current month.

Registration may be paid in full or Automatic Payment. Drop-off payments are not permitted.

Program fee has already been adjusted for holidays, breaks, and non-attendance days.

Consistent late payment or non-payment may result in suspension from the program and restrict future program registration for all Carol Stream Park District programs. If you have any payment questions or concerns, direct them to the Service Team; 630-784-6100.

### EXTENDED CARE TERMS

Participant must be registered for a class immediately before or after the selected extended care time. Not available for children registered in Preschool Prep or Kindergarten Readiness.

### INTERNAL USE ONLY

### Payment

☐ Preschool Prep

☐ 3 Year Old

☐ 4 Year Old

☐ Kindergarten Readiness

☐ Combo 3 & 4 Year Old

REGISTRATION FEE \$ \_\_\_\_\_

MONTHLY FEE \$ \_\_\_\_\_

SUB-TOTAL \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

☐ PAY IN FULL

☐ AUTHORIZED PAYMENT

☐ CASH

☐ CHECK

☐ CREDIT CARD

STAFF INITIAL \_\_\_\_\_

DATE MM/DD/YY \_\_\_\_\_

### FOR CHILDREN UNDER 18

Parent/Guardian Name PRINT

Parent/Guardian Signature

Date MM/DD/YY

	DAYS	TIMES	CODE	MONTHLY	ANNUAL	TEACHER
<b>2 -1/2 Year Old Preschool Prep</b>	Tu, Th	9-10:30 am	31878	<input type="checkbox"/> \$128R / \$138NR	<input type="checkbox"/> \$1,152R / \$1,242NR	Oswald
<b>3 Year Old (2 days/week)</b>	Tu, Th	9-11 am	31879	<input type="checkbox"/> \$151R / \$161NR	<input type="checkbox"/> \$1,359R / \$1,449NR	Lill
<b>3 Year Old (2 days/week)</b>	Tu, Th	9:15-11:15 am	31880	<input type="checkbox"/> \$151R / \$161NR	<input type="checkbox"/> \$1,359R / \$1,449NR	Earnest
<b>3 Year Old (3 days/week)</b>	M, W, F	8:45-10:45 am	31881	<input type="checkbox"/> \$196R / \$206NR	<input type="checkbox"/> \$1,764R / \$1,854NR	Oswald
+ Extended Care - BEFORE	M, W, F	8-9:15 am	31889	<input type="checkbox"/> \$84R / \$94NR	<input type="checkbox"/> \$756R / \$846NR	
+ Extended Care - AFTER	M, W, F	10:45 am-1:15 pm	31890	<input type="checkbox"/> \$177R / \$187NR	<input type="checkbox"/> \$1,593R / \$1,683NR	
<b>Combo 3 &amp; 4 Year Old</b>	M, W, F	1:15-3:15 pm	31887	<input type="checkbox"/> \$196R / \$206NR	<input type="checkbox"/> \$1,764R / \$1,854NR	Oswald
+ Extended Care - BEFORE	M, W, F	10:45 am-1:15 pm	31890	<input type="checkbox"/> \$177R / \$187NR	<input type="checkbox"/> \$1,593R / \$1,683NR	
+ Extended Care - AFTER	M, W, F	3-4:15 pm	31919	<input type="checkbox"/> \$84R / \$94NR	<input type="checkbox"/> \$756R / \$846NR	
<b>4 Year Old (3 days/week)</b>	M, W, F	9-11 am	31883	<input type="checkbox"/> \$196R / \$206NR	<input type="checkbox"/> \$1,764R / \$1,854NR	Bonokollie
+ Extended Care - BEFORE	M, W, F	8-9:15 am	31889	<input type="checkbox"/> \$84R / \$94NR	<input type="checkbox"/> \$756R / \$846NR	
+ Extended Care - AFTER	M, W, F	10:45 am-1:15 pm	31890	<input type="checkbox"/> \$177R / \$187NR	<input type="checkbox"/> \$1,593R / \$1,683NR	
<b>4 Year Old (3 days/week)</b>	M, W, F	9:15-11:15 am	31884	<input type="checkbox"/> \$196R / \$206NR	<input type="checkbox"/> \$1,764R / \$1,854NR	Earnest
+ Extended Care - BEFORE	M, W, F	8-9:15 am	31889	<input type="checkbox"/> \$84R / \$94NR	<input type="checkbox"/> \$756R / \$846NR	
+ Extended Care - AFTER	M, W, F	10:45 am-1:15 pm	31890	<input type="checkbox"/> \$177R / \$187NR	<input type="checkbox"/> \$1,593R / \$1,683NR	
<b>NEW! 4 Year Old (3 days/week)</b>	M, W, F	11 am-1 pm	31885	<input type="checkbox"/> \$196R / \$206NR	<input type="checkbox"/> \$1,764R / \$1,854NR	Oswald
<b>4 Year Old (3 days/week)</b>	M, W, F	1-3 pm	31886	<input type="checkbox"/> \$196R / \$206NR	<input type="checkbox"/> \$1,764R / \$1,854NR	Earnest
+ Extended Care - BEFORE	M, W, F	10:45 am-1:15 pm	31890	<input type="checkbox"/> \$177R / \$187NR	<input type="checkbox"/> \$1,593R / \$1,683NR	
+ Extended Care - AFTER	M, W, F	3-4:15 pm	31919	<input type="checkbox"/> \$84R / \$94NR	<input type="checkbox"/> \$756R / \$846NR	
<b>Kindergarten Readiness</b>	M - F	1-3 pm	31888	<input type="checkbox"/> \$329R / \$339NR	<input type="checkbox"/> \$2,961R / \$3,051NR	Lill

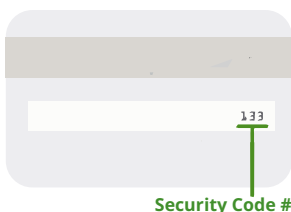
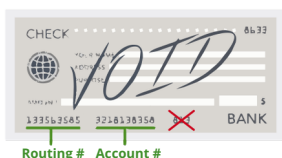




### Enrollment For

- ☐ **ActivKids**  
☐ **Adult Trips & Events**  
☐ **Camp**  
☐ **Dance**  
☐ **Fitness**  
☐ **Preschool**  
☐ **Springers**  
☐ **Other**

*Payments for the following programs are due throughout the duration of the program or membership contract. Review your program's specific payment guidelines for details.*



Participant Name \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

### ECP Authorization (electronic check withdrawal from checking account)

Account Holder's Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

### Primary Debit/Credit Card Payment Authorization

Card Holder's Name \_\_\_\_\_

Card Number (last 4 digits) \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

### Secondary Debit/Credit Card Payment Authorization

Card Holder's Name \_\_\_\_\_

Card Number (last 4 digits) \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

### TERMS OF AUTOMATIC PAYMENT PLAN

My payment amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. **The start and end dates of this scheduled payment will follow the terms outlined in my program's payment guidelines and will be processed based on the program's specific payment plan.** Declined payments will be reprocessed for up to 10 business days.

I agree to maintain sufficient funds in my primary bank account or credit card account to cover each payment. I understand that if my primary bank account or credit card account fails to process, my secondary bank account or credit card account will automatically be charged. I understand that if I choose to cancel my payment, it must be requested in writing 5 days prior to my next payment and I must make alternate payment arrangements. Any Automatic Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the Automatic Payment option. Carol Stream Park District reserves the right to change or revoke the payment plan, or an individual's participation in the payment plan or program, with or without notice.

**I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment or debit/credit card.**

INTERNAL USE ONLY

STAFF INITIAL \_\_\_\_\_

DATE    /    /

☐ Payment Plan Updated

**Name (Print)**

**Signature**

**Date MM/DD/YY**

**RETURN BY EMAIL: INFO@CSPARKS.ORG**

**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**