

# Program Transfer/Refund Request Form



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

PLEASE FILL OUT THIS FORM COMPLETELY AND MAIL OR FAX IT TO:  
BARRINGTON PARK DISTRICT, 235 LIONS DRIVE, BARRINGTON, IL 60010 FAX: 847-381-8794

A request for a refund/transfer must be received a minimum of five business days prior to the first day of class.

Enrollments paid by cash, check, or credit card will be refunded by check only.

Refunds will be mailed to participants approximately 10-14 days after approval is received.

All Preschool, K.E.E.P., Ski Club, and KidCare Punch Card registration fees are NON-REFUNDABLE.

If your refund pertains to trips, please see the individual program for refund policies.

Some programs may qualify for a prorated refund, if due to an injury or illness accompanied by a doctor's note. This refund will be based on the number of classes attended and the date the refund request is received.

Parent (Last name) \_\_\_\_\_ (First name) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Check one:  Transfer  Refund # of classes attended \_\_\_\_\_

*A 10% refund cancellation charge per program per participant will be assessed. Minimum fee \$5 and maximum fee \$15 per program.*

Reason for change \_\_\_\_\_

Parent/Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Current Actv.#/Sec.#	Current Program Name	Amount Paid
New Actv.#/Sec.#	New Program Name	New Program Fee

## For Office Use Only:

Refund/Transfer Approved:  Yes  No  Yes, but prorated

Program amount paid \_\_\_\_\_

Additional payment due \_\_\_\_\_

# of classes attended (dollar amount): \_\_\_\_\_

Less Service Fee (10%) \$ \_\_\_\_\_

Total Refund/Amount Due \$ \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date submitted: \_\_\_\_\_

Staff signature \_\_\_\_\_ (Follow-up call)

Refund entered by \_\_\_\_\_ Date entered \_\_\_\_\_