

Muskego Parks and Recreation

Operating Policies and Procedures

Payment Plan

The policy of the department is that those who participate should help defray the overall costs of that activity. The department, however, does not want to exclude any adult or child who is unable to pay these fees due to unemployment, illness, or other unfortunate situations that might occur. In this regard, the department provides participants with a payment plan form to complete for financial aid. This payment plan will be available for all residents and non-residents.

Meeting the requirements set forth on the form, which serves as a promissory note to pay. Participants agree to make a partial payment for the program registration, with the balance to be paid prior to the start of the program.

Rationale: To provide a household with class totals over \$50.00/registration a payment plan method.

Responsibility: Parks and Recreation Director, Recreation Program Manager, Department Secretary, Floating Clerical Staff, Participants

Procedure: Yes

Created: 11/09/08

Revised:

Parks & Recreation Board Reviewed: 01/12/09

Policy # : 300-7

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Procedure for payment plan is, interested parties must turn into the Parks and Recreation Department a completed payment plan application, and adhere to the payment terms that are set up by the individual on the payment plan by the start of the program/class/activity.

Forms following are: (1) Payment Plan Application

Muskego Parks and Recreation Department

PAYMENT PLAN APPLICATION

Family Name: _____

Address: _____

Phone: _____ Email: _____

Programs registering for: (class title & name of student taking program)

_____	_____
_____	_____
_____	_____

TOTAL AMOUNT DUE: _____

I _____ am unable to pay the amount due for the Parks and Recreation class(es) in which I would like to register for my family or myself. I understand that payment in full for the programs is due before the start of the programs. I agree to pay for the program under the following terms: *(please select one and enter amount)*

\$ _____ paid weekly \$ _____ paid bi-weekly

\$ _____ paid monthly *(if applicable, prior authorization by department necessary)*

I understand that if I do not comply with this agreement, that my family or myself will be dropped from the program(s) at that time.

Signed: _____

Date: _____

Department Signature: _____ Date: _____

Office use only:

Date: _____	Amount: _____	Cash/Check/ CC: _____	Balance due: _____	By: _____
Date: _____	Amount: _____	Cash/Check/ CC: _____	Balance due: _____	By: _____
Date: _____	Amount: _____	Cash/Check/ CC: _____	Balance due: _____	By: _____
Date: _____	Amount: _____	Cash/Check/ CC: _____	Balance due: _____	By: _____
Date: _____	Amount: _____	Cash/Check/ CC: _____	Balance due: _____	By: _____
Date: _____	Amount: _____	Cash/Check/ CC: _____	Balance due: _____	By: _____
Financial Aid Award: _____		Amount \$ _____		