



Spencer Campus ACES Registration Form

Home Phone # _____ Emerg. Name and Phone # _____

Parent _____ Work Phone # _____

Parent _____ Work Phone # _____

Home Address _____ City _____ State _____ Zip Code _____

If you would like to receive notice of upcoming events, please give us your e-mail address: _____

Child's Name: _____

School/Grade: _____

Actv#: _____

Weekly Fee: _____

REGISTRATION FEE: \$30

Early Dismissal Upcharge Fee: \$8

Please sign off on the calendar AM and/or PM on the days your child will be attending program.

Monday	Tuesday	Wednesday	Thursday	Friday
May 3 Actv # 33121-B8	May 4	May 5	May 6	May 7 SCHOOL IMPROVEMENT ½ Day
May 10 Actv # 33121-B9	May 11	May 12	May 13	May 14
May 17 Actv # 33121-C1	May 18	May 19	May 20	May 21
May 24 Actv # 33121-C2	May 25	May 26	May 27	May 28
May 31 MEMORIAL DAY No School				

Price List	5 days	4 days	3 days	2 days	1 day
BEFORE SCHOOL	\$52	\$43	\$34.50	\$25	\$12.50
2 nd child	\$47	\$38	\$30.50	\$22	\$10.50
Drop Off - \$17.50					
AFTER SCHOOL	\$62	\$52	\$40.50	\$29	\$14.50
2 nd child	\$56	\$47	\$36.50	\$26	\$12.50
Drop Off - \$19.50					
BEFORE & AFTER SCHOOL	\$94	\$80	\$62	\$44	\$22
2 nd child	\$85	\$72	\$56	\$39	\$19
Drop Off - \$27					

Visa
 Master Card
 American Express
 Discover

Account Number _____

Expiration Date ____ / ____ 3 digit code ____

Cardholder Name _____

Amount of Charge \$ _____

Authorized Signature _____

(The NLPD reserves the right to change a payment fee to reflect the correct fee.)

Check or Money Order payable to:
New Lenox Community Park District

Mail to: New Lenox Community Park District
1 Manor Drive
New Lenox, IL 60451

Mail-In, Drop-Off or Fax-In
815.485.3589 your registration.

YOU MUST SIGN AND DATE WAIVER TO PARTICIPATE IN PARK DISTRICT PROGRAMS.

Please read carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s).

I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which my child/ward or I may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child/ward may have against the New Lenox Community Park District and its officers, agents, servants and employees as a result of participation or the participation of my child/ward in any of the program(s). I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and loss sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the program details and waiver and release all claims.

PHOTO DISCLAIMER

Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

Mandatory signature of participant, parent, or legal guardian.

Date