Tyler ACES Registration Form

2019-2020 School Year
November

☐ **Under the American's with Disability Act, if you need any accommodations to participate in an activity please check this box.**

Parent /Guardian Last Name:_____

Primary Phone Number:_____

Child's Last Name (if different):_____

Please Print All Information Clearly

If any of your household information: Phone numbers, emergency contacts, emails, etc., have changed, please contact the Main Office to update our system.

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.

Late Fee of $25.00 if not received by 8 AM on THURSDAY of the previous week.

PLEASE CIRCLE PAYMENT TYPE:

VISA MasterCard DISCOVER NETWORK AMERICAN EXPRESS Cards

BILLING ADDRESS ZIP CODE: _ _ _ _ _

ACCOUNT NUMBER: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
EXPIRATION DATE: _ _/_ _ **SECURITY CODE:** _ _ _
CARDHOLDER NAME: _____
BILLING ADDRESS: _____
ADDRESS CITY/STATE
AMOUNT OF CHARGE: $_____
AUTHORIZED SIGNATURE: _____
(The NLCPD reserves the right to change a payment to reflect the correct fee.)

Please circle either AM, PM or both on the day your child will be attending.

Monday	Tuesday	Wednesday	Thursday	Friday
10/28/2019 ☐ AM PM☐	10/29/2019 ☐ AM PM☐	10/30/2019 ☐ AM PM☐	10/31/2019 ☐ AM PM☐	11/1/2019 ☐ AM PM☐
11/4/2019 ☐ AM PM☐	11/5/2019 ☐ AM PM☐	11/6/2019 ☐ AM PM☐	11/7/2019 ☐ AM PM☐	11/8/2019 ☐ AM PM☐
11/11/2019 ☐ AM PM☐	11/12/2019 ☐ AM PM☐	11/13/2019 ☐ AM PM☐	11/14/2019 ☐ AM PM☐	11/15/2019 ☐ AM PM☐
11/18/2019 ☐ AM PM☐	11/19/2019 ☐ AM PM☐	11/20/2019 ☐ AM PM☐	11/21/2019 ☐ AM PM☐	11/22/2019 ☐ AM PM☐ **1/2 DAY $10 UP-Charge**
11/25/2019 **TURKEY** ☐ **TROT 57025-01**	11/26/2019 **TURKEY** ☐ **TROT 57025-02**	11/27/2019 **TURKEY** ☐ **TROT 57025-03**	11/28/2019 **CLOSED NO CHILD CARE**	11/29/2019 **CLOSED NO CHILD CARE**

First Name:_____

Grade:_____

Weekly Fee_____

Price List	5 Days	4 Days	3 Days	2 Days	1 Day
Before School—57009	$63.00	$52.00	$42.00	$30.00	$16.00
2nd Child	$58.00	$48.00	$39.00	$28.00	$15.00
Drop-Off—$21.00 once a week					$21.00
After School—57010	$73.00	$61.00	$48.00	$34.00	$18.00
2nd Child	$67.00	$56.00	$44.00	$31.00	$17.00
Drop-Off—$23.00 once a week					$23.00
Before & After School—57011	$109.00	$90.00	$72.00	$51.00	$27.00
2nd Child	$100.00	$83.00	$66.00	$47.00	$25.00
Drop-Off—$30.00 once a week					$30.00

Check or Money Order payable to: NLCPD

Mail to: New Lenox Community Park District
701 W. Haven Ave., New Lenox, IL 60451

Email to: geninfo@newlenoxparks.org

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

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, and any other cooperative 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) and cooperative programs with other park districts. I further agree to indemnify and hold harmless and defend the Park District(s) 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.

_____
Mandatory Signature of participant, parent or legal guardian Date