



ACES Commitment Form

2021-2022 School Year

Child's Name: _____ Primary Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

School Grade: _____

Circle the ACES Campus your child attends:

Spencer Campus Nelson Campus Tyler/Bentley Campus Haines/Oakview Campus

Circle your choice of days and session that your child will be attending ACES.

This is a set schedule, no variations.

You may choose 1 to 5 days.

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Under the Americans with Disabilities Act, does your child need any accommodations to participate in an activity?

Yes No

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, 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 Parent or Legal Guardian

Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____

New Lenox Community Park District's Childcare Financial Agreement and Credit Card Authorization Form

Please complete one form per household.

As your childcare provider, we are excited to offer you the convenience of an automatic payment plan through **"PayTrac"**. Your payment will be safely and securely processed by **"PayTrac"** on a weekly basis, giving you the peace of mind that your payment for childcare has been paid on time! It's easy to enroll and even easier to participate; please fill out the form below to get started!

Your payment will be processed on your credit card every Monday morning before business hours begin for the following week. This form will be destroyed after pertinent information is entered into the third-party database.

Credit Card Authorization

I (we) authorize New Lenox Community Park District, (called **"NLCPD"** in this Authorization) to initiate debit entries to my (our) **Credit Card** indicated below. I (we) authorize **NLCPD** to withdraw sufficient funds to pay my (our) regular fees and/or other related fees that are due and payable. I (we) authorize **NLCPD** to use the third-party sender, PayTrac to process all payments. I (we) acknowledge that the origination of debit transaction to my (our) credit card must comply with the provisions of United States Law.

Your Name (Please Print)

Phone Number

Child(ren) Attending (Please Print)

Email Address

Address

Credit Card Number

City, State & Zip

Expiration

3-Digit Code

Please Circle type of Credit Card Used:

Visa MasterCard Discover American Express

This authorization will remain in full force and effective until I (we) notify NLCPD in writing of its termination in such time and in such manner as to afford NLCPD a reasonable opportunity to act upon it. Notices must be received at a minimum of 15 business days in advance of the termination date.

Mandatory Signature of Parent or Legal Guardian

Date

FOR OFFICE USE ONLY:

Date Entered: _____ Entered By: _____