

Beyond the Bell 2021/2022



Parent/Guardian Name _____ Address _____
 Primary Phone _____ Email _____

Please circle which day(s) and time frame(s) you would like your child (children) to attend.

	Monday	Tuesday	Wednesday	Thursday	Friday
Columbus Day	Oct. 11 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm				
Turkey Trot Week	Nov. 22 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Nov. 23 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Nov. 24 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm		
Winter Wonderland	Dec. 20 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Dec. 21 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Dec. 22 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Dec. 23 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	
	Dec. 27 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Dec. 28 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Dec. 29 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Dec. 30 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	
	Jan. 3 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm				

WEEKLY PRICE LIST	Before Care	Time	4 Days	3 Days	2 Days	1 Day
	1st Child	6:30am-9:00am	\$54	\$44	\$32	\$18
	2nd Child	6:30am-9:00am	\$50	\$41	\$30	\$17
	Beyond the Bell	Time	4 Days	3 Days	2 Days	1 Day
	1st Child	9:00am-3:30pm	\$125	\$100	\$71	\$52
	2nd Child	9:00am-3:30pm	\$117	\$94	\$67	\$49
	After Care	Time	4 Days	3 Days	2 Days	1 Day
	1st Child	3:30pm-6:30pm	\$63	\$50	\$36	\$20
	2nd Child	3:30pm-6:30pm	\$58	\$46	\$33	\$19

REG. DEADLINE: Payment is due by **TUESDAY** of the previous week by 8:00am.
\$25 Late fee per child if paid after 8:00am.

Child(ren) Attending: _____

Total Due: _____

Visa Mastercard American Express Discover

Account Number _____

Expiration Date ___/___/___ CVV ____

Cardholder Name _____

Amount of Charge \$ _____

Authorized Signature _____

(The NLCPD 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

701 W. Haven Ave.

New Lenox, IL 60451

Fax form to 815-485-3589

Email form to geninfo@newlenoxparks.org

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 participant, parent, or legal guardian

Date