

# Beyond the Bell 2021



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
<b>Columbus Day</b>	<b>Oct. 11</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm				
<b>Turkey Trot Week</b>	<b>Nov. 22</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Nov. 23</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Nov. 24</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm		
<b>Winter Wonderland</b>	<b>Dec. 20</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Dec. 21</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Dec. 22</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Dec. 23</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	
		<b>Dec. 28</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Dec. 29</b> 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	<b>Dec. 30</b> 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
	1 <sup>st</sup> Child	6:30am-9:00am	\$54	\$44	\$32	\$18
	2 <sup>nd</sup> Child	6:30am-9:00am	\$50	\$41	\$30	\$17
	Beyond the Bell	Time	4 Days	3 Days	2 Days	1 Day
	1 <sup>st</sup> Child	9:00am-3:30pm	\$125	\$100	\$71	\$52
	2 <sup>nd</sup> Child	9:00am-3:30pm	\$117	\$94	\$67	\$49
	After Care	Time	4 Days	3 Days	2 Days	1 Day
	1 <sup>st</sup> Child	3:30pm-6:30pm	\$63	\$50	\$36	\$20
	2 <sup>nd</sup> 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](mailto: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