

Beyond the Bell 2022/2023



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
Holiday/ No School		Nov. 8 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm			
Turkey Trot	Nov. 21 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	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		
Dec Winter Wonderland		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	
Jan Winter Wonderland		Jan. 3 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Jan. 4 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Jan. 5 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	Jan. 6 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	\$127	\$102	\$72	\$53
	2nd Child	9:00am-3:30pm	\$120	\$97	\$68	\$50
	After Care	Time	4 Days	3 Days	2 Days	1 Day
	1st Child	3:30pm-6:30pm	\$66	\$53	\$37	\$21
	2nd Child	3:30pm-6:30pm	\$61	\$49	\$34	\$20

Late Fee of \$25.00 if not received by 10 AM on TUESDAY of the previous week.

Registration for the upcoming week will NOT be accepted after THURSDAY @ 12 pm

Child(ren) Attending: _____

Grade Child (ren): _____

Total Due: _____

Email to: geninfo@newlenoxparks.org

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)

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