

Beyond the Bell 2022/2023



Parent/Guardian Name _____

Address _____

Primary Phone _____

Email _____

Under the Americans with Disability Act, if you need any accommodations to participate in an activity please check this box.

Does the participant(s) require a one-on-one aide to participate in activity? Please check this box.

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

	Monday	Tuesday	Wednesday	Thursday	Friday
March Teacher Institute NO SCHOOL					Mar. 17 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm
April Spring Break NO SCHOOL	April 3 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	April 4 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	April 5 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm	April 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: _____

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)

Email 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