

CAMP WEWANNAGO **BLUE** (GRADES 1-3)

WEEKLY REGISTRATION FORM

One Form per Child

Primary Number: _____ Parent/Guardian Last Name: _____

Child's Last Name: _____ Child's First Name: _____

Child's '24-25 Grade: _____

Please check the days your child will be attending

Weekly Price List					
	5 days	4 days	3 days	2 days	1 day
First Child	\$163	\$143	\$115	\$82	\$60
Second Child	\$153	\$134	\$108	\$77	\$56
Add'l NR Fee	\$25	\$22	\$18	\$13	\$9

Mon.	Tues.	Wed.	Thurs.	Fri.
	June 4	June 5	June 6	June 7
June 10	June 11	June 12	June 13	June 14
June 17	June 18		June 20	June 21
June 24	June 25	June 26	June 27	June 28
July 1	July 2	July 3		July 5
July 8	July 9	July 10	July 11	July 12
July 15	July 16	July 17	July 18	July 19
July 22	July 23	July 24	July 25	July 26
July 29	July 30	July 31	Aug 1	Aug 2
Aug 5	Aug 6	Aug 7	Aug 8	Aug 9

Weekly Fee: _____

Late Fee: 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

You must sign and date waiver to participate in Park District Programs

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 that 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: _____

Payment Type
____ Cash
____ Check
____ Credit

Visa/Mastercard American Express Discover

Account Number _____
 Expiration Date __/__/____ CVV ____ Zip _____
 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
Emailed to: geninfo@newlenoxparks.org
Faxed to: 815-485-3589
Dropped off to our:
Administrative Building, 701 W. Haven
Business Hours:
M-F 9:00am-5:00pm