Haines/Oakview ACES Registration Form

2026-2027 School Year

October

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

☐ Does the participant require an Aide for the program

Parent /Guardian Last Name:_____

Primary Phone Number:_____

Child's Last Name (if different):_____

Late Fee of $25.00 will be added if registration is not received before WEDNESDAY of the previous week.

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

PLEASE CIRCLE PAYMENT TYPE:

VISA MasterCard DISCOVER

BILLING ADDRESS ZIP CODE: _ _ _ _ _

ACCOUNT NUMBER: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

EXPIRATION DATE: _ _/_ _ SECURITY CODE: _ _ _

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

ADDRESS CITY/STATE

AMOUNT OF CHARGE: $_____

AUTHORIZED SIGNATURE: _____

(The NLCPD reserves the right to change a payment to reflect the correct fee.)

Email to: geninfo@newlenoxparks.org

First Name:_____

Grade: _____

Weekly Fee: _____

Photo Disclaimer
Registrants and participants permit the taking of photos and videos of themselves and their children during Park District activities for publication and use as the Park District deems necessary.

Price List	5 Days	4 Days	3 Days	2 Days	1 Day
Before School –67013	$71.00	$59.00	$49.00	$36.00	$22.00
2nd Child	$66.00	$54.00	$45.00	$33.00	$20.00
After School –67014	$87.00	$71.00	$58.00	$41.00	$25.00
2nd Child	$81.00	$66.00	$54.00	$38.00	$23.00

Please check either AM, PM or both on the day your child will be attending.

Monday	Tuesday	Wednesday	Thursday	Friday
			10/1/26 AM☐ PM☐	10/2/26 AM☐ PM☐
10/5/26 AM☐ PM☐	10/6/26 AM☐ PM☐	10/7/26 AM☐ PM☐	10/8/26 AM☐ PM☐	10/9/26 NO SCHOOL
10/12/26 NO SCHOOL HOLIDAY	10/13/26 AM☐ PM☐	10/14/26 AM☐ PM☐	10/15/26 AM☐ PM☐	10/16/26 AM☐ PM☐
10/19/26 AM☐ PM☐	10/20/26 AM☐ PM☐	10/21/26 AM☐ PM☐	10/22/26 AM☐ PM☐	10/23/26 AM☐ PM☐
10/26/26 AM☐ PM☐	10/27/26 AM☐ PM☐	10/28/26 AM☐ PM☐	10/29/26 AM☐ PM☐	10/30/26 AM☐ PM☐ 1/2 DAY UPCHARGE $20.00

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, and 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**