

EXTENDED CAMP CARE WEEKLY REGISTRATION FORM

One Form per Child

Primary Phone Number: _____ Parent/Guardian Last Name: _____

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

Child's '24-25 Grade: _____ Which Camp Does Your Child Attend: BLUE (Grades 1-3) GREEN(Grades 4-7)

Please circle or e-mail the days your child will be attending.

| Before Camp Care Dates | | | | |
|------------------------|---------|---------|---------|---------|
| 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 |

| After Camp Care Dates | | | | |
|-----------------------|---------|---------|---------|---------|
| 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

| Before Camp Care Weekly Price List | | | | | |
|------------------------------------|--------|--------|--------|--------|-------|
| | 5 days | 4 days | 3 days | 2 days | 1 day |
| First Child | \$67 | \$56 | \$46 | \$34 | \$20 |
| Second Child | \$62 | \$52 | \$42 | \$31 | \$18 |
| Add'l NR Fee | \$12 | \$10 | \$8 | \$6 | \$4 |

| After Camp Care Weekly Price List | | | | | |
|-----------------------------------|--------|--------|--------|--------|-------|
| | 5 days | 4 days | 3 days | 2 days | 1 day |
| First Child | \$83 | \$68 | \$55 | \$39 | \$23 |
| Second Child | \$77 | \$63 | \$51 | \$36 | \$21 |
| Add'l NR Fee | \$12 | \$10 | \$8 | \$6 | \$4 |

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