

Beyond the Bell March/April 2025



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/April SPRING BREAK | March 31 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm | April 1 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm | April 2 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm | 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 NO SCHOOL INSTITUTE DAY | April 21 6:30am-9:00am 9:00am-3:30pm 3:30pm-6:30pm | | | | |

| WEEKLY PRICE LIST | Before Care | Time | 5 Days | 4 Days | 3 Days | 2 Days | 1 Day |
|-------------------|-----------------|---------------|--------|--------|--------|--------|-------|
| | 1st Child | 6:30am-9:00am | \$67 | \$56 | \$46 | \$34 | \$20 |
| | 2nd Child | 6:30am-9:00am | \$62 | \$52 | \$42 | \$31 | \$18 |
| | Beyond the Bell | Time | 5 Days | 4 Days | 3 Days | 2 Days | 1 Day |
| | 1st Child | 9:00am-3:30pm | \$163 | \$143 | \$115 | \$82 | \$60 |
| | 2nd Child | 9:00am-3:30pm | \$153 | \$134 | \$108 | \$77 | \$56 |
| | After Care | Time | 5 Days | 4 Days | 3 Days | 2 Days | 1 Day |
| | 1st Child | 3:30pm-6:30pm | \$83 | \$68 | \$55 | \$39 | \$23 |
| | 2nd Child | 3:30pm-6:30pm | \$77 | \$63 | \$51 | \$36 | \$21 |

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

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

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)

Child(ren) Attending: _____

Grade Child (ren): _____

Total Due: _____

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