

# After School Registration Form



**A new registration form must be filled out each month that there is a change in the number of days attended.**

Please fill out the registration form completely and return with proper fee to:

Bensenville Park District, 1000 W. Wood Street, Bensenville, Illinois 60106

Family Last Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Emergency # \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Bus # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work # \_\_\_\_\_

**You will need to complete a Medical Form, Child Pick-Up Permission Form and an Emergency Form prior to your child's participation in the Clubhouse Program.**

**Please circle the number of days, fee and specific days that your child will be attending the after school program.**

Program	First Child	Days Attending					Total Monthly Fee Amount
		M	T	W	H	F	
1 day/wk/mo	\$60						_____
2 days/wk/mo	\$110						
3 days/wk/mo	\$140						
4 days/wk/mo	\$170						
5 days/wk/mo	\$200						

**Note:** If check is returned to the park district stamped insufficient funds, full payment as well as a \$25 penalty will be required in cash before attendance in the class can continue.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including loss of life, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs." I further agree to waive and relinquish all claims, fully release and discharge and agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries including; loss of life, damages and loss sustained by me and arising out of, connected with or in any way associated with the activities of the program. I hereby agree and consent to give the Bensenville Park District unlimited rights to use any photographs or video footage of me (my child), in which I (he/she) may be included in whole or in part, for publication. And I waive all claims for compensation for such use.

**Parent or Guardian Signature** \_\_\_\_\_

**Note:** This registration form cannot be processed without the above signature. Thank you for your cooperation. SPECIAL ASSISTANCE – Please list any special accommodations that you may require.

**Auto Payment Method**

Please Note: A \$25 service fee will be required in cash for credit card declinations.

Yes     No

Check # \_\_\_\_\_

VISA     MC     DISC    Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV code # on back \_\_\_\_\_ Zip Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Staff Initials \_\_\_\_\_