



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	\$40						_____	
2 days/wk/mo	\$60							
3 days/wk/mo	\$90							
4 days/wk/mo	\$110							
5 days/wk/mo	\$120							

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 _____