

BPD Club-After School Registration Form Date _____

***** 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.

Return completed form along with proper fee to: Bensenville Park District, 1000 W. Wood Street, Bensenville, Illinois 60106

Family Last Name _____ E-mail Address: _____

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 BPD CLUB PROGRAM. PLEASE BE SURE TO HAVE THIS FORM COMPLETED BY THE FIRST DAY THEY ATTEND THE BPD CLUB.

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

<u>Program</u>	<u>First Child</u>	<u>Days Attend</u>
1 day/wk/mo	\$60	M T W H F
2 days/wk/mo	\$110	M T W H F
3 days/wk/mo	\$140	M T W H F
4 days/wk/mo	\$170	M T W H F
5 days/wk/mo	\$200	

Total Monthly Fee Amount _____

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.

<u>Payment Method</u>	
CASH \$ _____	Card Number _____
CHECK # _____	OR Expiration Date _____ Amount \$ _____
	<u>AUTO PAY</u>
STAFF INITIALS _____	Authorized Signature _____
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISC	Billing Zip Code _____ CVV _____

