

Registration Form

Please check if this is a new address.

Family Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell _____
 Emergency Name _____ Phone _____
 E-mail Address _____

- Please check the area where you reside within the village:**
- North of North Avenue
 - North of St Charles to North Avenue
 - North of Madison to St Charles
 - North of Roosevelt to Madison
 - South of Roosevelt
 - Non-Resident

Phone Number to call in case of class cancellation:

1st Number _____ 2nd Number _____

PLEASE NOTE: We will leave a message (if available) if we are unable to talk to you.

Participants First/Last Name	Birthdate M/D/Y	Program Name	Code Number	Dates	Fee	
						IP WL
						IP WL
						IP WL
						IP WL

Please complete if you are using Visa or Mastercard		Non-Resident Fee	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Cardholder Name (please print) _____ Card No _____ Exp Date _____ Authorized Signature _____		\$3/person per program Less Early Bird Discount Voluntary Contribution to Financial Assistance Fund \$2.00 Total Fees	

Babysitting

Please complete if you will be utilizing the Babysitting Service for applicable programs. This service applies to children between the ages of 6 weeks to 6 years only. A fee of \$6 per session per child will be applied.

Child's Name _____ Birthdate _____
 Child's Name _____ Birthdate _____

Special Accommodations

Please describe any special accommodations needed for the enjoyment of this program.

Please read and sign the waiver/release of all claims and emergency treatment permission form on the reverse side. This waiver/release must be read and signed by each participating adult 18 years and over, and by a parent or legal guardian for each participant under the age of 18.

Mail-In/Drop Off

The Iowa Community Center
 338 N. Iowa Ave.
 Villa Park, IL 60181 or

The Community Recreation Building
 320 E. Wildwood Ave.
 Villa Park, IL 60181

Fax

834-8982 or 834-8528

For office use only

Date Received _____ ICC
 Date Processed _____ CRB
 Amount Received _____
 Cash _____ Check _____