

# ELA 2010 REGISTRATION FORM

Mail or drop off completed form at NSSRA, 3105 MacArthur Blvd., Northbrook, IL. 60062 (Be sure to include check or credit card information). NSSRA Office: 847-509-9400 • Make checks payable to ELA. (Administrative processes are handled through NSSRA.)

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

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

Home Phone: \_\_\_\_\_ Work Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Pager: \_\_\_\_\_

E-Mail Address (If you'd like to receive special program and event information and news updates.): \_\_\_\_\_

Are you a new participant?  Yes  No How did you learn about ELA? \_\_\_\_\_

Parent / Guardian Names (First Emergency Contact): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Second Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Work: \_\_\_\_\_ Work Contact: \_\_\_\_\_

Disability: \_\_\_\_\_

Participant uses BoardMaker or similar program. Please specify: \_\_\_\_\_

I Do  I Do NOT grant Photo Permission for this participant's picture to be used in The Center and NSSRA publicity or brochures.

### SECTIONS BELOW MUST BE COMPLETED TO PROCESS YOUR REGISTRATION.

PROGRAM INFORMATION			TRANSPORTATION		PAYMENT	OFFICE USE ONLY
PROGRAM OPTIONS	CODE	PROGRAM PREFERENCE	CODE	TRANSPORTATION Yes/No?		
1. Monday - Friday; Full Day	01		51			
2. Monday, Wednesday, Friday; Full Day	02		52			
3. Tuesday, Thursday; Full Day	03		53			
4. Monday - Friday; Half Day AM	04		54	PICK UP ONLY		
5. Monday - Friday; Half Day PM	05		55	DROP OFF ONLY		
6. Monday, Wednesday, Friday; Half Day AM	06		56	PICK UP ONLY		
7. Monday, Wednesday, Friday; Half Day PM	07		57	DROP OFF ONLY		
8. Tuesday, Thursday; Half Day AM	08		58	PICK UP ONLY		
9. Tuesday, Thursday; Half Day PM	09		59	DROP OFF ONLY		
<input type="checkbox"/> YES- I would like to make a donation to the ELA program.....						
<i>This section must be filled in if you are using a MasterCard or VISA.</i>					\$100 Deposit*	
Please check one: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA					<b>TOTAL DUE</b>	

Expiration Date: \_\_\_\_\_ Zip Code: (Need zip code # to match) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Amount of Charge: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Account Number: \_\_\_\_\_

**WAIVER AND RELEASE OF ALL CLAIMS:**  
 Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in a NSSRA and The Center for Enriched Living ("The Center") program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of said program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the ELA Program against NSSRA, The Center and its officers, agents, servants and employees. I do hereby fully release and discharge NSSRA, The Center and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/

ward and arising out of, connected with, or in any way associated with the activities of the ELA Program. I further agree to indemnify and hold harmless and defend NSSRA, The Center and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the ELA Program.  
 In the event of any emergency, I authorize NSSRA and The Center officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Program Details, Waiver, and Release of All Claims and Permission to Secure Treatment.  
**EACH REGISTRATION FORM MUST BE SIGNED.**

Participant / Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

\*\$100 deposit is required for registration of new ELA participants.

**ELA is a cooperative program presented by The Center and NSSRA.**

# ELA Program and Transportation Fees\*

## ANNUAL PROGRAM FEES:

Option	Full Day	Half Day
Monday - Friday	\$21,082	\$10,531
Mon./Wed./Fri.	\$12,616	\$6,309
Tues. /Thurs.	\$8,412	\$4,204

## MONTHLY PROGRAM FEES:

Option	Full Day	Half Day
Monday - Friday	\$1,757	\$876
Mon./Wed./Fri.	\$1,051	\$526
Tues. /Thurs.	\$701	\$350

## ANNUAL TRANSPORTATION FEES:

Option	Full Day	Half Day
Monday - Friday	\$1,473	\$736
Mon./Wed./Fri.	\$883	\$443
Tues. /Thurs.	\$590	\$295

## MONTHLY TRANSPORTATION FEES:

Option	Full Day	Half Day
Monday - Friday	\$123	\$61
Mon./Wed./Fri.	\$74	\$37
Tues. /Thurs.	\$49	\$25

## ELA Holiday Schedule 2010

Please make a note of these dates as the ELA Program will not be in session on these days.

- February 15, Presidents' Day
- March 22-26, Spring Break
- May 31-June 1, Memorial Day
- July 5, Independence Day
- September 6-7, Labor Day
- October 11, Columbus Day
- November 24-26, Thanksgiving
- December 20-31, Winter Break

\*An additional 10% administrative fee is applied for those participants who reside outside of NSSRA boundaries.

## Transportation:

Transportation is offered for morning pick-up and afternoon drop-off to selected locations. Pick-up and drop-off sites may be added or changed. A minimum of four participants is needed to form a new site.

*Please note: Spots are limited.*

## Pick-Up:

Park Center, Glenview 8:00 a.m.  
Recreation Center of Highland Park 8:45 a.m.

## Drop Off:

Recreation Center of Highland Park 3:30 p.m.  
Park Center, Glenview 4:00 p.m.

## Park Center:

2400 Chestnut Avenue , Glenview

## Recreation Center of Highland Park:

1207 Park Avenue West, Highland Park

## Transition to ELA:

While ELA works with high schools and parents to transition young adults from school to the ELA Program, it is the responsibility of the families to initiate the transition process.

Billing for the program will begin with the start of attendance within the ELA Program.

