



West Suburban Special Recreation Associati

2915 Maple Street, Franklin Park IL 60131

847.455.2100 FAX 847.455.2157



Lekotek Registration Form

Participant's Name:	Parent or Guardian:	Participant's Birthdate:	
Address:	City:	Zip Code:	Park District:
Home Phone:	Work Phone:	Who Referred You to Us?:	
Doctor's Name:	Doctor's Phone:		
Participant's Disability:	Does Participant Use Wheelchair or Walker?		
Is Participant Subject to Seizures?:	List Medications:		

PHOTO PERMISSION – We the parents (guardian) of _____ do hereby grant permission for our child's pictures to be used in publicity or brochures related to WSSRA.

Please check: YES _____ NO _____

Lekotek Fee: \$150

Lekotek Toy Deposit: \$25

No sessions from June 30 - August 31

I agree to pay for any toys or toy parts, which are lost or damaged, while in my care.

Signature of Parent or Guardian: _____

Date: _____