



West Suburban Special Recreation Association

2915 Maple Street, Franklin Park IL 60131
847.455.2100 FAX 847.455.2157



Lekotek

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?:	
Email Address:			
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 from _____ **20** to _____ **20**
Date start

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: _____