



CENTENNIAL FAMILY AQUATIC CENTER/GILLSON BEACH IN-HOME CHILD CARE PROVIDER SEASON PASS FORM

Dear Resident:

In order to verify your caregiver's status for his/her season pass, please provide us with the requested information shown below. This completed form must be presented when your caregiver comes in to purchase a membership.

Thank you for your assistance and we look forward to seeing you at the beach and pool this summer.

The Wilmette Park District

Caregiver's Name (please print) _____

Caregiver's Address _____

Employer's Family Name (please print) _____

Employer's Address _____

Employer's Phone # _____

I certify that the above caregiver is employed by our family for the 2017 Summer Season:

Employer's Signature

Date