

## 2019-2020 BBNS Academy Before and After School Registration

Please mail or return forms to 4068 Oakmont Dr. Pontoon Beach, IL 62040.

You can also email the forms: [BrokenButNotShatteredAcademy@gmail.com](mailto:BrokenButNotShatteredAcademy@gmail.com)

### Participant's Information

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shirt Size: **XS S M L XL 1X**

Sex:  M  F Date of Birth: \_\_\_\_\_

School Name and Address: \_\_\_\_\_

Check if will be needing transportation

### Parent/Guardian Information

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.		<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	
First Name	Last Name	First Name	Last Name
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Home Phone	Work Phone	Home Phone	Work Phone
Email for Confirmation		Email for Confirmation	

### Other than you, who can pick up your child?

Relationship:	Name:	Address:	Phone:
Relationship:	Name:	Address:	Phone:

### Child's Medical Information

Insurance Company Name	Member/Policy Number
Policy Holder Name	Employer Name

**Program Registration Amenities**

Here is what you and your child will get when they sign up for our Before/After-school Program.....
Tutoring and Homework Help and Power Packets
Afternoon Snack
Extended Hours Option
Transportation
Weekly Bible Study
Making New Lifelong Friends
<b>AND WE ACCEPT CHASI!!!</b>

**Program Fees:**  
 \$25 Registration Fee  
 EMERGENCY DROP OFF RATES: \$5.00/HR (are subject to change) || CHASI ACCEPTED

Calculate Total Payment (fees due at the time of registration; please see weekly scheduled fees for more detailed info.)

Program: # of Weeks \_\_\_\_\_ X \$\_\_\_\_\_/Week = \$\_\_\_\_\_

Emergency Drop-off Option # of Hours \_\_\_\_\_ X \$\_\_\_\_\_/Hour = \$\_\_\_\_\_

DISCOUNTS: -\$ \_\_\_\_\_

Total Balance: \$ \_\_\_\_\_

How did you hear about this program?

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child’s camp experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. Epipen, bee sting kit, or inhaler, etc), you must supply medication labeled with child’s name and detailed instructions on our Permission to Administer Medication form to the office prior to your child’s attendance. Kits are returned if unused.

PLEASE NOTE: THERE IS AN EXTRA CHARGE FOR DAYS IN WHICH THERE IS NO SCHOOL (DISTRICT OR BBNS) AND WE HAVE YOUR CHILDREN ALL DAY. ALSO, THERE IS AN EXTRA CHARGE FOR WHEN WE PICK UP YOUR CHILDREN AND HAVE THEM FOR ½ DAY.

**Permission & Liability Waiver:**

My child, \_\_\_\_\_, has permission to fully participate in BBNS Academy’s Before/After-school Program activities during the 2019-2020 School term. I, as parent/legal guardian, do hereby grant the BBNSA staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless BBNS Academy and its agents from liability resulting from an accident. The Good Samaritan Law will apply. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that BBNS Academy and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian’s failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian. Enrollment for your child in BBNS Academy Before/After-school Program constitutes your agreement to this waiver. I understand that all Emergency Information on the Emergency Form must be completed before my child may attend the facility. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Signature Parent/Guardian 1	Date	Signature Parent/Guardian 2	Date
Print Name Parent/Guardian 1		Print Name Parent/Guardian 2	

Publicity Release Form (optional): I authorize BBNS Academy to use a photograph or other image of my child for public relations purposes connected to this Before/After-school program and future programs associated with BBNS Shattered Academy. I understand that my child’s name will not be published with an image.			
Signature Parent/Guardian 1	Date	Signature Parent/Guardian 2	Date

*BBNS Academy does not discriminate on the basis of gender, race, color, creed, family structure, national or ethnic origin, sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities, or privileges.*

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**Excursion & Transportation Consent:**

I \_\_\_\_\_, the parent/guardian, hereby give permission to BBNS Academy for my child \_\_\_\_\_ for the following:

To participate in excursions involving transportation to locations such as (but not limited to) libraries, parks, pools, schools, playgrounds, museums. I understand and I consent to give BBNS Academy total permission to transport my child for center purposes. I, BBNS Academy, the provider for the above mentioned child will transport the child to all transportation needs. I will use safety seats/ devices necessary and good judgement. This form is valid from the above mentioned date until terminated.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Financial Agreement Contract:**

This is BBNS Academy financial contact between \_\_\_\_\_, Parent/ Guardian

And is enrollment for \_\_\_\_\_ in BBNS Academy’s Before/After-school Program. Child’s Name

This Financial agreement takes place from August 17<sup>th</sup>,2019 -May 18th, 2020, with the first enrollment date of August 17<sup>th</sup>, 2019. Above signed parent agrees to pay \$85 per week (Unless under the childcare assistance program).

Payment for services is to be paid Monday morning prior to care for the upcoming week \$85/week depending on the timing of registration.

*Vacations:* When Child(ren) take(s) a vacation, parent is required to provide a one-week notice prior to vacation.

*Filing:* All files and records are kept on file for an average of 3 years. Even up to the termination of contracts.

**Please note that upon registration, you will be required to pay for a spot in the program. So, regardless of whether your child attends one day or the entire week, you will still have to make the said payment.**

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