**BBNS Academy Summer Program Registration**

**Please mail or return forms to BBNS Academy. You can also email the forms:** **brejanio@bbnsacademy.com**

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| **Participant’s Information** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: **XS S M L XL 1X**

Child’s First Name Last Name

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

Which Campus are you interested in?: (Circle) Will you be needing Transportation?: (Circle)

Pontoon Beach, IL Yes

 No

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| **Parent/Guardian Information** |

|  |  |
| --- | --- |
|  Ms. Mr. |  Ms. 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 |

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| **Other than you, who can pick up your child?** |

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| --- | --- | --- | --- |
| Relationship: | Name: | Address: | Phone: |
| Relationship: | Name: | Address: | Phone: |

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| **Child’s Medical Information** |

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

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| **Program Registration Amenities** |

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| Here is what you and your child will get when they sign up for our Summer Program……. |
| 3 Hours of Daily Instruction |
| Food- Breakfast, Lunch, and Snacks |
| Extended Hours Option |
| Transportation (If Necessary) |
| Biblical Principles |
| Making New Lifelong Friends |
|  AND WE ACCEPT CHASI!!! |

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.

**Permission & Liability Waiver:**

My child, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, has permission to fully participate in BBNS Academy’s Summer Program activities during the 2021 Summer 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 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 BBNSA 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 Summer 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 camp. 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

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| --- |
| Publicity Release Form: I authorize BBNS Academy to use a photograph or other image of my child for public relations purposes connected to this Summer camp program and future programs associated with BBNS 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.*

**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(ren) 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 Summer Program.

 Child’s Name

This Financial agreement takes place from May 31st-August 16th , with the first enrollment date of May 31st, 2021. Above signed parent agrees to pay agreed upon pricing (Unless under the childcare assistance program or specified otherwise).

Payment for services is to be paid Monday morning prior to care for the upcoming week $80/week depending on the timing of registration. Please note, that if your child is enrolled, you must pay the agreed upon amount throughout the summer to reserve your child’s spot in the program.

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

Parent/ Guardian Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Electronics and Materials Waiver:**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH SUMMER PROGRAM, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I have educated my children of making sure that their property is safe and secure.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, property damage, or actions of any kind which may hereafter occur to my property including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: BBNS ACADEMY, (BBNSA) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

I acknowledge that BBNSA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that my children will not be allowed to bring in any electronics (ipod, ipad, iphones, androids, tablets, etc) nor during the duration of the summer program (except for emergencies).

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

X

SIGNATURE OF PARENT OR GUARDIAN

X

Date

X

SIGNATURE OF PROVIDER

X

Date