**2020-2021 BBNS Academy School Registration**

**Please mail or return forms to 4068 Oakmont Dr. Pontoon Beach, IL or info@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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check if your child is enrolled in BBNS Academy After/Before School Program

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| **Parent/Guardian Information** |

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| --- | --- |
| 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** |

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| --- | --- |
| 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 School……. |
| 7 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 School Program activities during the 2020-2021 School term. I, as parent/legal guardian, do hereby grant the BBNS Academy 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 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 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 (optional): I authorize BBNS Academy to use a photograph or other image of my child for public relations purposes connected to this school 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 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 School.

Child’s Name

This Financial agreement takes place from September 7th, 2020 -May 14th, 2021, with the first enrollment date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Above signed parent agrees to pay their assigned tuition (Unless under the childcare assistance program).

Payment for services is to be paid Monday morning prior to care for the upcoming month 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.