



**BLC After School Program
Registration Form - Fall 2017
Kinder through 5th Grade
Tutoring**

Bilingual Learning Center
5821 Wentworth Ave. S., MPLS. MN 55419
Telephone: (612) 668-3384 Fax: (612) 668-3380
Email: info@blcenter.org
website: www.blcenter.org

Student Information

Child's Name	Gender	Birth Date	Grade	Room
	F <input type="radio"/> M <input type="radio"/>			
Special Needs Information		Medical Information		
<input type="radio"/> My child receives services through Special Education. Please describe.		Please indicate any significant medical information (allergies, medications, etc)		

Parent/Guardian Information

Please check if child spends time at two different addresses during the week and provide the information below.

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Home Address: -----	Home Address: -----
City, State, Zip:	City, State, Zip:
Home Phone: -----	Home Phone: -----
Work Phone: -----	Work Phone: -----
Cell Phone:	Cell Phone:
E-mail Address (required):	E-mail Address (required):

Emergency Contact (different than parents)

Name:	Relationship:
Home Phone:	Cell Phone:
Home Address:	

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Registration Fee: \$35.00 (per family, per school year)

Payment Policy: No refunds after the registration has been made.

- Payments must be made a month in advance on the 10th day of the month
- There will be no refunds for absence due to illness, vacation, or school closure for weather

Form of Payment: please specify your form of payment:

Check Credit Card Cash Automatic Withdrawal

Authorization to photograph: I hereby authorize the BLC program to photograph and/or videotape my child for promotional purposes in magazines, posters, website and social networks.

YES NO Initials _____

BLC One on One Tutoring (Bilingual)

Dates: October 2 through December 15, 2017

Schedule for Tutoring: Monday through Friday 2-6 PM

Cost: \$18 per 40 minute session

Please specify the language in which you would like the instruction:

English	Spanish
<input type="radio"/>	<input type="radio"/>

Specify your preferred days and times for tutoring; our staff will contact you with schedule information.

Please allow us one week to arrange for a tutor and to discuss strategies with your child's teacher.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From: ____ to ____	From: ____ to ____	From: ____ to ____	From: ____ to ____	From: ____ to ____

Please review the BLC contract terms and policies before signing.

By signing, I confirm that I fully read, understand and agree to BLC's contract terms and policies.

Parent/ Guardian Name: _____ Date: _____

Parent/ Guardian Signature: _____

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BEHAVIOR AGREEMENT

TWO LANGUAGES, MANY CULTURES AND ONE AMAZING PLACE!

If you signed up to participate in the Bilingual Learning Center you must understand and agree the following expectations:

1. I will show respect to all staff, teachers and students.
2. I will participate positively in all classes.
3. I will follow all directions given by the teachers and staff.
4. I will be responsible for the care of all the materials and the school environment.
5. If I need help, I will call an adult/teacher/staff in the school.
6. I will commit to participating every day of the program that I signed up for.
7. I will work to learn another language (Spanish) to communicate with others.

If I do not follow the expectations, this is what will happen:

1. My first consequence will be a warning and a time-out or loss of privilege given by BLC.
2. My second consequence will be a meeting with the program coordinator to make a behavior contract that must be signed by my parent and myself in order for me to return to BLC.
3. My third consequence will be a phone call home and time off from BLC. My third strike could mean that I don't get to come back at all to the program.

Attendance Agreement (only for scholarship students)

I understand that there are a lot of students at Windom who want to participate in the BLC program. I understand that I must commit to attending every day of the program I signed up for. If I miss three days of the program without bringing a note to excuse my absence, I may be removed from the program and replaced by another student. The program coordinator will try to contact a parent or guardian.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

**Waiver, Release, Indemnify, Hold Harmless and Permission to Secure Treatment
Agreement**

BLC is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of its participants in the highest possible regard. Participants registering themselves or parents/guardians registering their child/ward in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. BLC continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety.

Please recognize that BLC does not carry medical insurance for injuries sustained by participants. The cost of such insurance would make program fees prohibitive. Therefore, parents/guardians registering their child/ward for Bilingual Learning Center activities should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make BLC responsible for payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for BLC REQUIRES the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering your minor child/ward for participation in the Bilingual

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Learning Center activities, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of these programs. If the participant is a minor, this form must be signed by a parent or guardian.

Waiver and Release of All Claims

As a participant in the Bilingual Learning Center activities, I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any and all activities connected with or associated with such activities.

I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the activities against Bilingual Learning Center activities and its directors, officers, trustees, agents, servants and employees.

I do hereby fully release and discharge Bilingual Learning Center, and their respective directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damage or loss which I or my child/ward may have or which may accrue to me on account of my participation.

I further agree to indemnify and hold harmless and defend Bilingual Learning Center, and their respective directors, officers, trustees, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or my child/ward or arising out of, connected with, or in any way associated with the activities of the programs.

Permission to Secure Treatment

In the event of an emergency, I authorize Bilingual Learning Center and their respective directors, officers, trustees, agents, servants and employees to secure treatment from any licensed hospital, physician, and/or medical personnel, and/or any treatment deemed necessary for my or my child's/ward's immediate care and I agree that I will be responsible for payment of any and all medical services required.

In the event I or my child requires use and administration of an epi-pen, prescription or over-the-counter medication, it is my responsibility to ensure that the epi-pen and/ or medications are on me or my child or within our personal belongings every day of the program. If BLC staff is required to administer and use the epi-pen/ or any medication, I agree to forever release and discharge the BLC and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/ or medication.

I have read and fully understand the above-mentioned Waiver and Release of All Claims and Permission to Secure Treatment, and all information supplied by me is accurate and current to the best of my knowledge.

SIGNATURE: _____

(Signature must be of parent or guardian)

PRINT NAME: _____ **TODAY'S DATE:** ____/____/____
(month) (day) (year)

RELATIONSHIP TO STUDENT PARTICIPANT: _____