



BLC Before and After School Program at Nokomis Heights Lutheran Church Registration Form - September 2021 to June 2022

Return this form with \$50 non-refundable annual registration fee (per family) by email, mail, or in person at:

BLC, PO Box 19034, Minneapolis, MN 55419 - if sent by email we will invoice you for the fee

Child's Name	Gender	Birth Date	Grade	Room
Receiving Special Education? Please describe:	Student ID #	Medical information - allergies, medications, etc.		

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

Emergency Contact (different than parents)	
Name:	Relationship:
Home Phone:	Cell Phone:
Home Address:	

Classes - pay by session - priced per session (dates listed below)

Registration is for the entire year unless you want to add, drop, or switch classes at the beginning of a new session

Fall Session: September - December (winter break)

Winter Session: January - March (spring break)

Spring Session: April - June (end of school year)

Before and After School Care - \$7.00 per hour (minimum of 2 hours per day)

Billed per full hour, follows consistent week to week schedule per child

Reading time, homework help, arts and crafts, recreational activities - snacks & materials included

Drop-in days (as needed) - \$10 per hour

Ask us about scholarships!



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Monday		Tuesday		Wednesday		Thursday		Friday	
<input type="radio"/>	AM Care 7:00-9:00	<input type="radio"/>	AM Care 7:00-9:00	<input type="radio"/>	AM Care 7:00-9:00	<input type="radio"/>	AM Care 7:00-9:00	<input type="radio"/>	AM Care 7:00-9:00
<input type="radio"/>	PM Care 2:00-6:00	<input type="radio"/>	PM Care 2:00-6:00	<input type="radio"/>	PM Care 2:00-6:00	<input type="radio"/>	PM Care 2:00-6:00	<input type="radio"/>	PM Care 2:00-6:00
		<input type="radio"/>	Arts & Culture 4:15-5:15	<input type="radio"/>	Groove for Kids 4:15-5:15	<input type="radio"/>	Cooking 4:15-5:15		
		<input type="radio"/>	Mexican Dance 4:15-5:15	<input type="radio"/>	Guitar K-3rd 4:15-5:15	<input type="radio"/>	Guitar 4th-5th 4:15-5:15		
		<input type="radio"/>	Science & Nature 4:15-5:15	<input type="radio"/>		<input type="radio"/>	Karate 4:15-5:15		
						<input type="radio"/>	Spanish 4:15-5:15		

TRANSPORTATION: I give permission for my child to take the bus from the school to the BLC program located at Nokomis Heights Lutheran Church, 5300 10th Ave S, Minneapolis, MN 55417. I am responsible for communicating by email and phone in advance if my child will not be attending the program on the schedule that I confirmed in the registration; otherwise, I may lose the privilege of continuing in the after school program.

Parent/Guardian Signature: _____

My child attends: Emerson Green Central Other _____

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 _____

Payment Policy: No refunds after the registration fee has been paid.

- Payments must be made a month in advance on the 10th day of the month to avoid late fee \$15.00

- There will be no refunds for absence due to illness, vacation, or school closure for weather or unforeseen events.



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Cancellation Policy: We encourage your child to try any classes they find interesting for 2 sessions. If they drop by the end of the second week of classes, you can get the remaining tuition refunded. This must be done clearly and in writing. You will be responsible for payment of the full tuition after the second week of class.

Form of Payment: Check Credit Card Cash Automatic Withdrawal

BLC reserves the right to pursue delinquent accounts through a third party. In the event that BLC employs an attorney to collect any outstanding balance or other charges due, I agree to pay a reasonable attorney's fee and all expenses and costs incurred.

BLC se reserva el derecho de perseguir cuentas morosas a través de un tercero. En el caso de que BLC emplee a un abogado para cobrar cualquier saldo pendiente u otros cargos adeudados, estoy de acuerdo en pagar una tarifa de abogado razonable y todos los gastos y costos incurridos.

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: _____

Behavior Agreement for Students

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.



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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 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



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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.

COVID-19 Statement

I understand the risks inherent in my child's/ward's attendance at Bilingual Learning Center during the COVID-19 pandemic. While BLC takes all possible precautions to screen students, staff, and volunteers for illness; maintains CDC-recommended guidelines for social distancing, hand washing, and the wearing of masks; and engages in frequent and thorough cleaning of all areas in use; I acknowledge that there is still a possibility that my child/ward could become ill while attending this program. I hereby release BLC from responsibility should my child/ward contract COVID-19 during their participation in BLC, and agree to abide by the program's guidelines regarding my child's/ward's absence from BLC until he or she is confirmed clear of illness.

Signature of Parent or Guardian: _____

Print Name: _____

Today's Date (month / day / year): ____/____/____

Relationship to Student Participant: _____