



**BLC After School Program - September 2024 to June 2025  
at Nokomis Heights Lutheran Church**

**Return this form with \$80 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	Race/Ethnicity	Gender	Birth Date	Grade
Receiving Special Education? Please describe:	Qualified for free/reduced lunch?	Student ID #	Medical information - allergies, medications, etc.	

**Parent/Guardian 1**

**Parent/Guardian 2**

<b>Name:</b>	<b>Name:</b>
<b>E-mail Address (required):</b>	<b>E-mail Address (required):</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Home Phone:</b>	<b>Home Phone:</b>
<b>Work Phone:</b>	<b>Work Phone:</b>
<b>Cell Phone:</b>	<b>Cell Phone:</b>

**Emergency Contact (different than parents)**

<b>Name:</b>	<b>Relationship:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>
<b>Home Address:</b>	

My child attends:  Emerson  Green Central  Other

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MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
○	○	○	○	○
PM Care 2:30-6:00	PM Care 2:30-6:00	PM Care 2:30-6:00	PM Care 2:30-6:00	PM Care 2:30-6:00
<p align="center"><i>Enrichment classes such as cooking, chess, art, taekwondo, ect determined in late October</i></p>				

**After School Care: \$25 per day**

**Hale 4-6pm: \$18.50**

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

**Drop-in care days (as needed) - \$12 per hour**

**\* For Available scholarships please email us [Info@blcenter.org](mailto:Info@blcenter.org)**

**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:** \_\_\_\_\_

I give permission for my child to participate in excursions to walk to nearby parks for recreation time as a regular part of the BLC program at Nokomis. I do not expect to be notified of park trips unless I am expected to collect my child at the park. Nearby parks to Nokomis Heights include Pearl Park and Triangle Park and all trips are led and supervised by BLC staff at all times.

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



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**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.*

**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

\*Payments via credit card will have an added fee of 3.3% of the transaction to cover processing fees.

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.

**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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### RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in BLC activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence the BLC and its owners, directors, employees, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as “Releasees”), on behalf of myself and my children, heirs, assigns, personal representative, and also agree as follows:

1. I recognize that participating in BLC activities involves known and unanticipated risks, which could result in physical or emotional injury, illness, or permanent disability, death, and property damage. Risks involve, but are not limited to, broken bones, torn ligaments or other injuries resulting from falls or contact with other participants; death or brain damage as a result of drowning or near drowning in bodies of water or pools; medical conditions resulting from physical activity or exposure to infectious diseases such as COVID-19. Releasees are not responsible for lost, stolen or damaged property such as clothing. I acknowledge such risks can't be eliminated, despite the use of safety protocols and security equipment, increased cleaning, and physical distancing.

2. I expressly accept and assume all of the risks implicit in the activities or that might have been caused by the negligence of the Releasees. My child's involvement in these activities is completely voluntary and we choose to participate despite the risks. Additionally, if at any time I believe that conditions are unsafe or that my I/ my child are unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

3. In the event that I file a lawsuit, I agree to do so in Minnesota where Releasees' facility is located, and I further agree that the substantive law of that state apply.

4. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from all claims, demands, or causes of action, which are in any way

connected with my/my child's involvement in these activities, or our use of equipment or facilities, arising from negligence. This release does not apply to claims arising from conduct that constitutes greater than ordinary negligence or intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I represent that I have appropriate and adequate insurance to cover any injury, illness or damage my child may suffer or cause while participating in BLC activities, or else I agree to bear the costs of such injury, illness or damage myself. I further indicate that I/my child have no medical or physical conditions that could impede our safety in these activities, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

### PARENT/GUARDIAN AUTHORIZATION SECTION - TRANSPORTATION/MEDICAL

1. In the event that I/my child need immediate medical attention for injuries or illness that may occur while participating in a BLC program, I authorize the BLC staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed. I understand that until

COVID-19 or other subsequent sicknesses are fully eliminated, I may be asked to quarantine myself or my family and may be asked to leave a program early if I display indications of illness such as COVID-19.

2. I give permission for myself and/or my child to be transported by the BLC as needed for field trips, or



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inclement weather. I also give my permission for myself/my child to participate in all walking activities and field trips.

3. I hereby acknowledge that the BLC will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the BLC that indicates otherwise.

4. If my child or I require use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and medication are on my child or me or within our personal belongings every day of the program. If BLC staff is required to

administer and use the epi-pen and/ or medication, I agree to forever release and discharge the BLC and its directors, officers, and employees from all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

5. I agree to take personal responsibility for myself and my family while participating in this program. Personal responsibility may include but not be limited to; following all infectious disease protocols as defined by WDH, MDH and CDC; safety and security protocols, and all other protocols as trained or stated during participation.

### GENERAL

1. I give my permission for the BLC to administer sunscreen as needed,

**2. 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 \_\_\_\_\_

3. I acknowledge that certain sections of this waiver may not apply to me and/or my child and the programs or activities that we have chosen but agree to be bound by any applicable language.

By signing this document, I agree that if I or my child is hurt or our property is damaged during involvement in these activities, then I or my child may be found by a court of law to have waived our right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. I have had enough time to read this document in its entirety and, should I choose to do so, consult with legal counsel prior to signing. In addition, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if the BLC did not utilize waivers as a method to lower insurance and administrative costs. I have read and understood this document and I agree to be bound by its terms.



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RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT EFFECTIVE SEPTEMBER 2024

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Date \_\_\_\_\_

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18) In consideration of \_\_\_\_\_ (PRINT Child(s) names) being permitted to participate in these activities, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_



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**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 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:** \_\_\_\_\_