



## BLC Before and After School Programs Registration Form - August 2018 to June 2019

**Return this form with \$40 non-refundable annual registration fee (per family) by email, mail, or in person at:  
BLC, 5821 Wentworth Ave. S, Minneapolis, MN 55419 - if sent by email we will invoice you for the fee**

Child's Name	Gender	Student ID #	Birth Date	Grade	Room
	F <input type="radio"/> M <input type="radio"/>				
Receiving Special Education? Please describe:			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:	

### Little Workers Care: Early Spanish Literacy Program ( Pre-school)

**Schedule:** 7:30am - 10:30am/ Monday through Thursday

**Please mark your preschool program:** Windom  Joyce

**Circle months needed:** AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN

**Circle days needed:** MONDAY TUESDAY WEDNESDAY THURSDAY

Fridays (upon request + 6 students to open)

**Mark number of days per week (snack and materials included in cost):**

- |  |  |
|--|--|
| <input type="radio"/> 1 day - \$79 per month   | <input type="radio"/> 3 days - \$215 per month         |
| <input type="radio"/> 2 days - \$140 per month | <input type="radio"/> 4 days - \$286 per month (Mo-Th) |

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



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**BLC After School Classes - 2:00-4:00 pm - (care included 2-3pm)**

<b>Class - Day offered</b> <i>See catalog for cost and descriptions</i> <b>10% discount if you pay the all sessions in one payment!</b>	<b>Session(s)/weeks offered</b> <b>Mark (x) ALL your choices</b> <b>2 sessions per year</b>	<b>Grades</b>	<b>Cost Per Hour</b>	<b>Totals classes/hours</b> <b>2018-19</b> <b>(may change)</b>
<input type="radio"/> Dance & Movement - <b>Mondays 2-4pm</b>	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019	PreK-5th	\$8	34 classes/ 2 hours instruction
<input type="radio"/> Boys Club - <b>Mondays 2-3pm</b>	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019	2nd-5th	\$10	34 classes/ 1 hour Instruction
<input type="radio"/> Crochet & Sewing - <b>Mondays 4-5pm</b>	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019	K-5th	\$8	34 classes/ 1 hour Instruction
<input type="radio"/> Mexican Dance - <b>Tuesday or Thursday 2-4pm</b>	Aug.28th-June 7th 2019 Tuesdays ( ) Thursdays ( ) Rental dress included	K-5th	\$11	38 classes on Tuesday 34 classes on Thursday/ 2 hours instruction
<input type="radio"/> Guitar - <b>Tuesdays 2-3 or 3-4pm</b> 2 age groups: Beginner and Advanced	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019 2 performances	K-5th	\$14	38 classes / 1 hour instruction
<input type="radio"/> Big Soccer - <b>Tuesdays 2-3pm</b>	( ) Aug.28th-June 7th 2019 2 presentations	3rd-5th	\$14	38 classes / 1 hour instruction
<input type="radio"/> Theater & Drama - <b>Tuesdays 2-3 or 3-4pm, Thursdays 2-4pm</b> 3 age groups: PreK-K, 1st-2nd, 3rd-5th	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019 2 performances	K-5th	\$16	38 classes on Tuesday 34 classes on Thursday/1 hour instruction
<input type="radio"/> Art & Creativity - <b>Wednesdays 2-3 or 3-4pm</b> 2 age groups	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019 Materials included	K-5th	\$16	36 classes/ 1 hour instruction
<input type="radio"/> Little Soccer - <b>Thursdays 2-3pm</b>	( ) Aug.28th-June 7th 2019 2 presentations	K-2nd	\$14	34 classes/ 1 hour Instruction
<input type="radio"/> Martial Arts - <b>Fridays 2-3 or 3-4pm</b> 2 age groups	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019 2 presentations	K-5th	\$16	32 classes on Fridays/ 1 hour instruction
<input type="radio"/> Lego Robotics/STEM - <b>Thursdays 2-3pm</b>	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019 2 presentations	K- 1st	\$14	25 classes winter 9 classes Spring 1 hr. instruction



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<input type="radio"/> Cultural Cooking - <b>Fridays 2 -4pm</b>	( ) Aug.28th-March 28th 2019 ( ) April 8th - June 7th 2019 Materials included	K-5th	\$9	32 classes 2 hour instruction
<input type="radio"/> Chess Club - <b>Mondays 4-5pm</b>	( ) April 8th - June 7th 2019 Chess tournament	K-5th	\$10	9 classes/ hour instruction
<input type="radio"/> Animation Kids - <b>Thursdays 2-3pm</b> <i>(special classes)</i>	( ) April 8th - June 7th 2019 Presentation at the end	2do-5th	\$12	9 classes/ hour instruction
<input type="radio"/> Yoga & Mindfulness- <b>Wednesdays 2-3 or 3-4pm</b> 2 age groups	( ) April 8th - June 7th 2019	K-5th	\$10	9 classes/ hour instruction

**Mini-classes will be offered separately**

<input type="radio"/> <b>Private Tutoring Program</b> <b>Wednesdays and Fridays</b>	<b>October through May</b> <b>3-6pm</b>	<b>K-5th</b>	<b>\$20</b> <b>Session</b> <b>40 min</b>	<b>By request</b>
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**Scholarships available!**

**AFTER SCHOOL KIDS CARE - \$6 per hour (snack and materials included)**

*Reading time, homework help, art and craft, recreational activities*

**Schedule: 2:00-6:00 pm/ Monday through Friday**

**Circle months needed:** AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN

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 ____

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

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**Payment Policy - 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**

**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:** please specify your form of payment:

Check  Credit Card  Cash  Automatic Withdrawal

Bilingual Learning Center

5821 Wentworth Ave. S., MPLS. MN 55419 Website: [blcenter.org](http://blcenter.org)  
Telephone: (612) 668-3384 Fax: (612) 668-3380 Email: [info@blcenter.org](mailto:info@blcenter.org)



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**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 \_\_\_\_\_

**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.

**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



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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 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 of Parent or Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Today's Date (month / day / year):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Relationship to Student Participant:** \_\_\_\_\_