



## BLC After School Program Tutoring Registration Form

<b>Child's Name</b>	<b>Gender</b>	<b>Student ID #</b>	<b>Birth Date</b>	<b>Grade</b>	<b>Room</b>
	F <input type="radio"/> M <input type="radio"/>				
<b>Receiving Special Education? Please describe:</b>			<b>Medical information - allergies, medications, etc.</b>		

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>	

- 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 \_\_\_\_\_

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**BLC One on One Tutoring (Bilingual)  
Dates: October through May**

**Cost: \$20 per session (40 minutes)**

Tutoring will be provided by members of our bilingual, responsible, and educated staff in their areas of expertise. If you would prefer to have a licensed teacher tutoring your child, please let us know and we will arrange for one (at a higher cost).

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

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

What would you like your child to work on in tutoring? What are their learning goals?

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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.\***

**Schedule for Tutoring: by appointment only anytime from 3-6 PM**

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