



2024-2025 BBNS Academy School Registration

Please mail or return forms to 4068 Oakmont Dr. Pontoon Beach, IL or info@bbnsacademy.com

\$30/CHILD REGISTRATION FEE DUE WITH APPLICATION



Child's Information

First Name _____ Last Name _____ SSN: _____ - _____ - _____

Sex: M F Date of Birth: _____ Age: _____ Grade Level: _____

What school(s) did your child transfer from? _____

Shirt Size (Circle):

Youth: S M L XL

Adult: S M L XL

Check if your child needs transportation to/from school
(\$35/week fee assessed for transportation)

Parent/Guardian Information

Ms. Mr.

Ms. Mr.

First Name _____ Last Name _____

First Name _____ Last Name _____

Home Address _____

Home Address _____

City, State, Zip _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Email Address: _____

Email Address: _____

Emergency Contact (Other than you, who can pick up your child?)

Relationship:

Name:

Address:

Phone:

Relationship:

Name:

Address:

Phone:

Child's Medical Information

Insurance Company Name _____

Member/Policy Number _____

Policy Holder Name _____

Employer Name _____

Additional Information Needed

To completely enroll, you will need the following items:

- _____ Valid ID (Driver's License, Government ID, or State ID)
- _____ Child's Birth Certificate
- _____ Child's Social Security Card
- _____ Child's Immunization Records
- _____ Child's Physical/Health Records (Athletics Program Physical Form *)
- _____ Child's Medial Release/Consent Form(s) *
- _____ Child's Dental Records
- _____ Child's Vision Exam
- _____ Child's Transfer Forms/Records *
- _____ Child * Parent's Laptop Rental Agreement Form(s) *

Program Registration Benefits

Here is what your child will get when they sign up for our school...

- Biblical Principles
- Accredited Aggressive and Progressive Curriculum
- 7 Hours of Daily Instruction that is Individualized and Specialized
- Breakfast, Lunch, and Snacks (Fun Food Friday Options)
- Extended Hours Option
- Transportation (Fee assessed)
- Making New Lifelong Friends
- Service Opportunities
- Field Trips
- Athletics Programming
- Music Programming
- S.T.E.M. Programming
- Tutoring Opportunities
- Speech Therapy
- Enrichment Activities
- Reward Reading/Literacy Program
- A School-wide and Classroom Birthday Party
- Financial Aid Opportunities (CHASI Childcare Provider)

How did you hear about this program?

- ___ Search Engine (Google, Bing, Yahoo, etc.)
- ___ Word of mouth
- ___ Advertising
- ___ Personal Referral: who referred you? _____
- ___ Other: _____

Please tell us, in full, about any medical/health, and/or developmental or behavioral conditions, including speech, occupational therapy, or the like, past or present, and any other pertinent information that might aid in the enhancement of your child's school experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

Please list all allergies, current medication(s), vitamins, inhalers, etc. Please note that if your child requires an emergency allergy kit (ie. EpiPen, bee sting kit, or inhaler, etc.), you must supply medication labeled with child's name and detailed instructions on our Permission to Administer Medication form to the office prior to your child's attendance. Kits are returned if unused.

Permission & Liability Waiver:

My child, _____, has permission to fully participate in BBNS Academy School Program activities during the 2024-2025 School term. I, as parent/legal guardian, do hereby grant the BBNS Academy staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless BBNS Academy and its agents from liability resulting from an accident. The Good Samaritan Law will apply. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contacts listed on the Emergency Information form. If we cannot make an appropriate contact, we will call paramedics or the child's health care provider.

I understand that BBNS Academy and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drug or medication without specific written & signed instruction from the health care provider and/or the child's parent/guardian. Enrollment for your child in BBNS Academy School Program constitutes your agreement to this waiver. I understand that all Emergency Information on the Emergency Form must be completed before my child may attend school. I have read and understand all policy and procedural information, including discipline, health, payment, and cancellation policies.

Provider Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Publicity Release Form (optional): I authorize BBNS Academy to use a photograph or other image of my child for public relations purposes connected to this school and future program associated with BBNS Academy. I understand that my child's name will not be published with an image.

Signature Parent/Guardian 1 Date Signature Parent/Guardian 2 Date

BBNS Academy does not discriminate on the basis of gender, race, color, creed, family structure, national or ethnic origin, sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities, or privileges.

Transportation Consent:

I _____, the parent/guardian, hereby give permission to BBNS Academy for my child _____ for the following:

To participate in excursions involving transportation to locations such as (but not limited to) libraries, parks, pools, schools, playgrounds, museums. I understand and I consent to give BBNS Academy total permission to transport my child for school purposes. I, BBNS Academy, the provider for the above-mentioned child will transport the child to all transportation needs. we will use safety seats/ devices necessary and good judgement. This form is valid from the above-mentioned date until terminated.

Provider Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Financial Agreement Contract:

This Financial agreement is between BBNS Academy and _____, and is **Parent/ Guardian**

enrollment for _____ at BBNS Academy for the 2024-2025 school year.
Child's Name

This Financial agreement takes place from September 2024 - May 2025. The above signed parent agrees to pay the set tuition or co-pay in the amount of \$_____. Payment for services is to be paid prior to care for the upcoming month.

Tuition (OFFICIAL USE ONLY)	
Program Fees:	
Tuition: \$ _____/ Month=	
Transportation Fees: \$ _____/Month=	
Other Fees: \$ _____	
Discount: _____ Scholarship: _____ Sponsorship: _____	
Total Monthly Tuition Balance: \$ _____	
Total Tuition Balance for 2024-2025 School Year: \$ _____	
Payment Agreement Schedule (Circle One): Weekly Bi-Weekly Monthly Set Recurring Date: _____	
CHASI & DCFS PAYMENTS ACCEPTED // SCHOLARSHIPS ARE AVAILABLE	

Provider Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Electronics and Materials Waiver:

I HEREBY ASSUME ALL OF THE ELECTRONICS AND PROPERTY RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH 2024-2025 SCHOOL YEAR, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I have educated my children of making sure that their property is safe and secure. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of BBNS Academy in which my child(ren) may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this school year, I hereby take action for myself and my child(ren) as follows: (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, property damage, or actions of any kind which may hereafter occur to my property including my traveling to and from the school. THE FOLLOWING ENTITIES OR PERSONS: Building Brilliant Knowledgeable Scholars Academy, (BBNS ACADEMY) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers. I acknowledge that BBNS ACADEMY and their directors and staff are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that my children will not be allowed to bring in any electronics (iPod, iPad, iPhone, androids, tablets, phones, electronic learning devices, etc.) during the duration of the school year, except for electronics day and emergencies. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

X _____
NAME OF PARENT OR GUARDIAN

X _____
SIGNATURE OF PARENT OR GUARDIAN

X _____
Date

X _____
SIGNATURE OF PROVIDER

X _____
Date