2026-2027 Before & After-School Program Registration And Financial Agreement Contract

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

_____ SSN: _____-_____-_____

First Name Last Name

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

What Before & After-School Program(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 Immunization Records
_____Child's Physical/Health Records (Athletics Program Physical Form*)
_____Child's Medial Release/Consent Form(s)*

Program Registration Benefits
Here is what your child will get when they sign up for our Before & After-School Program…
Biblical Principles
Accredited Aggressive and Progressive Curriculum
Daily Instruction that is Individualized and Specialized
Snacks
Extended Hours Option
Transportation (Fee assessed)
Making New Lifelong Friends
Service Opportunities
Tutoring Opportunities
Enrichment Activities
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 Before & After-School Program 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 Before & After-School Program activities during the 2026-2027 Before & After-School Program 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 Before & After-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 Before & After-School Program. 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 Before & After-School Program 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. I understand and agree that utilizing BBNS Academy's transportation services, or its agent's services, will incur additional costs as further outlined in the Financial Agreement.

Provider Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

- The Financial Agreement Contract is hereby incorporated by reference in its entirety.

Provider Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Financial Agreement Contract:

FOR OFFICE USE

This Financial agreement is between BBNS Academy and _____("parties") for the enrollment of
Parent(s)/ Guardian(s)

for the enrollment of _____at BBNS Academy for the 2026-2027 Before & After-School Program year.
Child's Name

A. TERM: This Financial agreement takes place from _September 2026 – May 2027 (Hereinafter referred to as "2026-2027 Before & After-School Program Year")
B. 2026-2027 BEFORE & AFTER-SCHOOL PROGRAM YEAR PRICE: Regarding the 2026-2027 Before & After-School Program Year, the total cost of services rendered by BBNS Academy **is $_____** ("Price"). For the price herein stated in this paragraph BBNS Academy agrees to render educational and other related services and the above signed Parent/Guardian agrees to pay the Price herein stated subject to the Credits or Discounts described in paragraph D. below.
C. PRICE BREAKDOWN: The Price referenced in paragraph B. above is broken down into the following categories:
   a. Tuition: $_____ per month.
   b. Transportation Expense: $_____per Month
   c. Textbook Rental Expenses: $ _____per Month (An annual fixed cost average throughout the Before & After-School Program year, it cannot be mitigated.)
   d. _____: $_____ per month.
   e. _____: $_____ per month.
   f. Registration Fee _____: $ 30.00_
   g. _____: $_____

D. CREDITS OR DISCOUNTS: BBNS and the Parent/Guardian agree that the following discounts are applicable and will be credited (deducted) against the Price:

Description

☐ **Discount** $_____

☐ **Scholarship** $_____

☐ **Sponsorship** $ _____

TERMS OF PAYMENT: In light of the **2026-2027** Before & After-School Program Year Price and applicable credits or discounts BBNS Academy and above signed Parent/Guardian agree that **$_____** ("Obligation") is due and owing to BBNS Academy for services rendered and promised.

BBNS Academy and Parent/Guardian agree that payment should be submitted to BBNS Academy as follows:

☐ Weekly $_____ due on _____, _____ and then on the first day of each week thereafter until the Obligation is paid in full. The final payment to be received by BBNS on _____,_____.

☐ Bi-Weekly $_____due on 30thof month, _____ and then on the first day of every other week thereafter until the Obligation is paid in full. The final payment to be received by BBNS on _____,_____.

☐ Bi-Weekly v.2 $_____due on _____ and _____ each month and then on the _____day and _____day of each month of the Before & After-School Program year thereafter. Should a month not have the numbered day specified above (i.e. the month only has 30, not 31, days), the parties agree that the later payment shall be received on the last day of the month when it would otherwise be due.

☐ Monthly **$_____** and then on the first day of each month thereafter until the Obligation has been paid in full. The final payment to be received by BBNS Academy on _____,_____.

☐ Monthly v.2 **$_____**due on _____each month and then on the **1st** day of each month thereafter until the Obligation has been paid in full.

☐ Lump Sum The Price to be paid in its entirety by _____,_____.

E. LATE AND DELINQUENT PAYMENTS: BBNS Academy and Parent/Guardian agree that Parent's/Guardian's payment for educational or other services performed by BBNS Academy is essential for betterment of the Child herein named. Therefore, the parties agree that any payment owed to BBNS Academy becomes **late and delinquent** if not actually received by BBNS Academy on the date specified in paragraph E. above.

F. MATERIAL BREACH AND REMEDIES: BBNS Academy and Parent/Guardian agree that any instance of late and delinquent payment constitutes material breach of this Financial Agreement Contract. At the instance of material breach of this Financial Agreement Contract by Parent/Guardian, BBNS Academy and Parent/Guardian agree that BBNS may
   a. Cease rendering educational and/or other services to the child herein named (Expulsion).
   b. Bring legal action against Parent/Guardian for enforcement of this Financial Agreement Contract.
   c. Continue to render services to the child herein named and wait for performance by Parent/Guardian.

G. BYLAWS: The parties understand that BBNS Academy is governed by its by-laws, which are available upon request by the Parent/Guardian.

H. DISCIPLINE: The parties understand that BBNS Academy may take disciplinary action including expulsion due to misconduct of the minor child herein named.

I. WAIVER: No waiver of any provision hereof shall be effective unless made in writing and signed by the waiving party. The failure of any party to require the performance of any term or obligation of this Agreement, or the waiver by any party of any breach of this Agreement, shall not prevent any subsequent enforcement of such term or obligation or be deemed a waiver of any subsequent breach.

J. GRAMMAR: In the body of this Financial Agreement Contract, both the singular and plural can be used interchangeably regardless of whether the definition refers to the singular or plural term.

K. ENFORCEMENT: The parties agree that BBNS Academy may recoup reasonable attorneys' fees and costs incurred in enforcing any provision in this Financial Agreement Contract either through litigation or negotiation.

L. MERGER: The parties intend this statement of their agreement to constitute the complete, exclusive, and fully integrated statement of their agreement. As such, it is the sole expression of their agreement, and they are not bound by any other agreements of whatsoever kind or nature.

M. SEVERABILITY: The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement, which shall remain in full force and effect.

N. FORUM SELECTION CLAUSE: Any and all disputes arising from this agreement shall be decided solely and exclusively by the Illinois Third Judicial Circuit Court located in Edwardsville, Illinois.

O. CHOICE OF LAW CLAUSE: This Agreement is to be governed law of the State of Illinois.

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 2026-2027 BEFORE & AFTER-SCHOOL PROGRAM 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 Before & After-School Program 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 Before & After-School Program. 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 Before & After-School Program 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