



# 2023-2024 BBNS Academy School Registration

Please mail or return forms to 4068 Oakmont Dr. Pontoon Beach, IL or [info@bbnsacademy.com](mailto:info@bbnsacademy.com)

**\$30 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 (youth): XS S M L XL 1X  Check if your child needs transportation to/from school.

## Parent/Guardian Information

<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. <input type="checkbox"/> 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

- In order to 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
  - \_\_\_\_\_ Child's Dental Records
  - \_\_\_\_\_ Child's Vision Exam

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

7 Hours of Daily Instruction
Breakfast, Lunch, Snacks & Fun Food Friday
Extended Hours Option
Transportation (If Necessary)
Biblical Principles
Making New Lifelong Friends
Service Opportunities
Field Trips
Athletics Program
Music Program
S.T.E.M. Program
Tutoring Opportunities
Speech Therapy (If needed)
Reward Reading/Literacy Program
<b>AND WE ACCEPT CHASI &amp; DCFS PAYMENTS</b>

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.

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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.

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**Permission & Liability Waiver:**

My child, \_\_\_\_\_, has permission to fully participate in BBNS Academy School Program activities during the 2023-2024 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: \_\_\_\_\_

<b>Publicity Release Form (optional):</b> 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 2023-2024 school year.  
**Child's Name**

This Financial agreement takes place from September 2023 - May 2024. 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 2023-2024 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 2023-2024 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