



2017 - 2018 REGISTRATION INFORMATION

Registration Deadlines

Current Families, Alumni and Church Members: January 13, 2017, by 12:00 Noon

New Families: January 20, 2017 by 12:00 Noon

Open Registration: after January 20, 2017 as space allows

REGISTRATION PROCEDURES

1. Please review the Class Offerings for the upcoming school year on the reverse of this page. Then complete one **BLC Registration Form** for each child indicating your class selection on the bottom. **PLEASE NOTE: Your child must meet the age requirement listed for each class by September 1, 2017. No exceptions will be made.** You may choose from one morning session and/or one afternoon session as preferred.
2. Complete the **BLC Family Emergency Information/Authorization** for your family.
3. Read and sign the **BLC Tuition/Fees Agreement**. Please keep a copy of this document for your records.
4. Read and sign the **BLC/BUCC Consent/Waiver/Release Form** in two places. .
5. Be sure to include your \$75 registration fee for the first child, and \$50 registration fee for each additional child. Please make checks payable to Bethel Learning Center. Registration is not complete unless the registration fee is submitted with your registration forms. **The registration fee is non-refundable.**
6. Return the completed and signed forms with your registration fee to the BLC office on or before the due date. Late registrations will be dealt with as space allows.
7. **NEW FAMILIES:** Registration forms will only be accepted after an observation of our school has been completed. We feel that observing our classrooms is important to help you understand our program and make an informed decision as to what is best for your child and your family. Please call the BLC office to schedule an observation.

CLASS ASSIGNMENTS:

1. Registration confirmation **e-mails** will be distributed as soon as possible after January 13, 2017, for currently enrolled families, alumni and church members. This same communication will be distributed for new families as soon as possible after January 20, 2017.
2. If the number of applications exceeds the number of available spaces for a class, there will be a lottery to determine enrollment for that class.

BETHEL LEARNING CENTER CLASS OFFERINGS 2017-2018

TWO YEAR OLD CLASSES

This class meets 1 day per week. The 2's classes are parent helper classes. You will be required to assist in your child's class 4 to 5 times per year. These classes are staffed with a lead teacher and an assistant teacher and enroll up to 10 students per class. You may register for one day, and we will try to match any siblings with the same day. **It is not necessary that your child be potty trained for these classes.**

Days	Times	Min. Age By 9/1/2017	Min/Max Enrollment
Monday	9:00 a.m-12:00 noon	2	8/10
Tuesday	9:00 a.m-12:00 noon	2	8/10
Wednesday	9:00 a.m-12:00 noon	2	8/10
Thursday	9:00 a.m-12:00 noon	2	8/10
Friday	9:00 a.m-12:00 noon	2	8/10

PRESCHOOL CLASSES

These classes meet 2 or 3 days per week. You may enroll in only one morning and/or one afternoon class. The 3's and 4's classes are staffed with a lead teacher and an assistant teacher and do not require a parent helper. Please note BLC reserves the right to cancel any class that does not meet the required minimum enrollment. **It is not necessary that your child be potty trained for these classes.**

3'S CLASSES

Days	Times	Min Age by 9/1/2017	Min/Max Enrollment
MWF 3s a.m.	9:00 a.m-12:00 noon	3	12/18
T/TH 3s a.m.	9:00 a.m-12:00 noon	3	12/18

4'S CLASSES

Days	Times	Min. Age by 9/1/2017	Min/Max Enrollment
MWF 4s a.m.	9:00-12:00 noon	4	12/18
T/TH 4s a.m.	9:00-12:00 noon	4	12/18

BLC- X CLASS FOR 3'S AND 4'S

This class meets 2 days per week in the afternoons only. It is a math and literacy focused extended day class **for students currently enrolled in a morning preschool class in public or private schools.** This class is staffed by a lead teacher and an assistant teacher. BLC reserves the right to cancel this class if the minimum enrollment is not met.

Days	Times	Min Age by 9/1/2017	Min/Max Enrollment
M/W p.m.	12:00 p.m. – 1:50 p.m.	3	12/16
T/TH p.m.	12:00 p.m. – 1:50 p.m.	3	12/16

KINDERGARTEN ENHANCEMENT

This class meets 2 days per week in the afternoons only. It is an enhancement class **for students currently enrolled in a morning kindergarten class in public or private schools.** This class is staffed by a lead teacher and an assistant teacher. BLC reserves the right to cancel this class if the minimum enrollment is not met.

Days	Times	Min Age by 9/1/2017	Min/Max Enrollment
T/ TH p.m.	1:00 p.m. - 3:30 p.m.	5	12/16

FOR OFFICE USE ONLY

CLASS PLACEMENT: _____

SIB: _____

DATE OF OBSERVATION _____ STAFF INITIALS _____

REGISTRATION FEE PD: DATE _____ AMT _____ CHECK # _____ PROCARE: _____ W.L.: _____

BLC REGISTRATION FORM 2017-2018

Directions: **Please use one form for each child.** You may enroll in only one morning session and/or one afternoon session. Please indicate your first, second and third choice for morning classes.

Check: Current family _____ Alumni _____ BUCC Member _____ New Family _____

Child's Full Name

Child's Date of Birth

Parent/Guardian Full Name

Parent/Guardian E-Mail Address

Parent/Guardian Home Phone

Parent/Guardian Cell Phone

Parent Signature

Date

CLASS SELECTION

2's Classes	Indicate 1st, 2nd and 3rd choice
Monday 2s 9:00-Noon	
Tuesday 2s 9:00-Noon	
Wednesday 2s 9:00-Noon	
Thursday 2s 9:00-Noon	
Friday 2s 9:00-Noon	
4's Classes	Indicate 1 st and, 2nd choice
MWF 4s 9:00-Noon	
T/Th 4s 9:00-Noon	

3's Classes	Indicate 1 st and 2 nd Choice
MWF 3s 9:00-Noon	
T/Th 3s 9:00-Noon	
BLC-X Classes	Indicate 1 st and 2 nd Choice
M/W p.m. 12:00-1:50 p.m.	
T/TH p.m. 12:00-1:50 p.m.	
K.E. Classes	
T/TH K.E. 1-3:30 p.m	

Registration Information/Comments: (i.e. carpools, teacher requests, etc.)

**BETHEL LEARNING
FAMILY EMERGENCY INFORMATION/AUTHORIZATION**

Child(ren) Last Name _____

Child's First Name(s) _____ Gender _____ Date of Birth _____

Child's Address _____

Child's Health Insurance Co. _____ Policy/Group # _____

Parent/Guardian #1 Full Name _____

Address _____

(if different from above)

Home Phone _____ Email _____

Cell Phone _____ Work Phone _____ Work Hours _____

Occupation _____ Employer/Address _____

Parent/Guardian #2 Full Name _____

Address _____

(if different from above)

Home Phone _____ Email _____

Cell Phone _____ Work Phone _____ Work Hours _____

Occupation _____ Employer/Address _____

In an emergency, I authorize the BLC Staff to contact and release my child(ren) to the following persons if I cannot be reached. (persons, other than parents, **living within 10 miles**):

1. Name _____ Relationship _____

Address/City/State _____

Home Phone _____ Cell Phone _____

2. Name _____ Relationship _____

Address/City/State _____

Home Phone _____ Cell Phone _____

3. Child's Physician _____ Phone _____

Address _____



BETHEL LEARNING CENTER TUITION/FEE AGREEMENT 2017-2018

As a participant in Bethel Learning Center, at Bethel United Church of Christ, I agree to the following:

1. To enroll for the entire year (September through May) or, for the X classes, for the full semester.
2. To pay the \$75.00 registration fee for one child and \$50 for each additional child in the same family. **This fee is non-refundable.**
3. To pay the tuition installments applicable when due. The tuition shall be paid May 1, 2017, November 1, 2017 and February 1, 2018 and is non-refundable once paid. If fees are paid more than two weeks late, a \$20 late fee will be charged. X-class tuition is due on the first day of class each semester.

2017-2018 TUITION (including snack fees)

2s Monday: \$1,193.50 per year / 3 installments of \$397.83
2s Tuesday: \$1,309.00 per year / 3 installments of \$436.33
2s Wednesday: \$1,309 per year / 3 installments of \$436.33
2s Thursday: \$1,309.00 per year / 3 installments of \$436.33
2s Friday: \$1,193.50 per year / 3 installments of \$397.83

3s MWF and 4s MWF a.m. classes: \$3,408.00 per year / 3 installments of \$1,136.00
3s T/TH and 4s T/TH a.m. classes: \$2,414.00 per year / 3 installments of \$804.67

BLC-X M/W p.m. classes: \$812.50 per semester
BLC-X T/TH p.m. classes: \$850.00 per semester
K.E. T/TH classes: \$2023.00 per year / 3 installments of \$674.33

4. To pick up my child(ren) on time or pay a late fee of \$10.00 for the first 5 minutes and an additional \$10.00 every 5 minutes thereafter.
5. I agree that if I withdraw from the program, I will immediately notify the Program Director so that a replacement can be found. I understand that all tuition and fees are non-refundable once paid. I agree to pay any applicable tuition and fees and pay a paid parent helper if needed.
6. I understand that the Board of Directors of BLC has the right to withdraw a child because of unsatisfactory adjustment of the child to the program or because of delinquent fees or negligent help in the program on the part of the parent.

For 2's class only: Parent Helper guidelines

7. To spend the time designated by BLC as a parent helper. This usually means 4-5 times per year.
8. To exchange days with another parent in the program in the event that I cannot come on my designated helping day, or in an emergency, pay a paid parent helper, and notify the staff of this change. If I do not come on my helping day and do not find a substitute, I will be fined \$60.00 in addition to paying a paid parent helper \$45.00.

Date: _____ Parent Signature: _____



BETHEL LEARNING CENTER/BETHEL UNITED CHURCH OF CHRIST CONSENT

I give my consent to Bethel Learning Center to:

- 1. Administer first aid to my child(ren) if needed. Yes No
- 2. Take my child(ren) on walking trips near the church. Yes No
- 3. Use photographs/videos of my child(ren), with no identifying information, on the BLC website, Facebook page, You Tube channel, published in print or online for publicity purposes. Yes No
- 4. Request that my child(ren) say a prayer at snack time, "Thank you God for food, friends and family. God bless America. Amen." Yes No
- 5. I give permission to BLC to publish Parent/Guardian #1's name, address, email, home and cell phone numbers in the BLC Directory. Yes No
- 6. I give permission to BLC to publish Parent/Guardian #2's name, address, email, home and cell phone numbers in the BLC Directory. Yes No

DATE _____ SIGNATURE _____

**BLC/BUCC WAIVER AND RELEASE FORM
EMERGENCY TREATMENT CONSENT FORM 2017-2018**

Bethel Learning Center and Bethel United Church of Christ are committed to conducting classes and activities in the safest manner possible and hold the safety of its students in the highest possible regard. Parents enrolling their children in BLC must recognize however, that there is the possibility of injury while their children are engaged in school activities. BLC and BUCC continually strive to minimize such risks and insist that all students follow safety rules and instructions which have been designed to protect the students' safety. It is the policy of BLC to require the execution of the following waiver and release. We recommend that all parents review their own health insurance policy for coverage.

As a parent or legal guardian of a student enrolled at the Bethel Learning Center (BLC), I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my child(ren) may sustain as a result of participating in any class or activity connected with or associated with BLC/BUCC. I agree to waive and relinquish all claims I or my child(ren) may have as a result of participating in such activities against BLC/BUCC and its teachers, employees, agents and representatives from any and all claims from injuries, damage or loss. I further agree to indemnify and hold harmless and defend BLC/BUCC and its teachers, employees, agents and representatives from any and all claims sustained by me or my child(ren), arising out of, connected with, or in any way associated with the activities of the BLC programs.

In the event of any emergency, I authorize BLC/BUCC to secure from any accredited hospital and/or physician any treatment deemed necessary for the immediate care of my child(ren) and I agree that I will be responsible for the payment of any and all medical services rendered.

ACKNOWLEDGED AND AGREED TO THIS _____ DAY OF _____ 20____.

Signature