

**Building Love Of Christian Kids' Spirits
BLOCKS**

Registration Agreement

August 2012-May 2013

I understand that no refund will be made for non-attendance.

Child's Name _____ M/F

Age ____ Date of Birth _____

Mother's name _____ Father's name _____

Address _____ City _____ Zip _____

Home Phone _____

Cell Phone(mom) _____

Cell Phone(dad) _____

Emergency Contact _____

Phone Number _____

Helpful Info. (allergies, fears, recent major changes or medications) _____

Benadryl Dosage: _____

Before School Program(7:30-9) After School Program (3-6)

Cost: \$5.00 per day

Cost: \$10.00 per day

Monday _____

Wednesday _____

Tuesday _____

Thursday _____

Friday _____

Registration Fee: \$100.00 per year

Parent Agreement (BLOCKS)

Child's Name _____

1. I agree to submit complete immunization records prior to first day of session, as required by the Boone County Board of Health if not currently on file with the CLP Office.
2. I understand that registration is non-refundable unless the class is canceled due to lack of staffing or enrollment.
3. I understand that medication cannot be given to my child by staff .
4. I understand that BLOCKS calendar follows Children's Learning Program calendar.
5. I understand a late fee will be charged if I pick up my child later than the posted dismissal time.
6. I understand that all prepaid fees are non-refundable. No refunds are made for non-attendance or weather related closings.
7. I understand that if Children's Learning Program closing early due to weather that BLOCKS will not be open.
8. I agree to notify the Director in writing one month prior to withdrawing my child from the program and that all prepaid fees are non-refundable.
9. I give permission for my child to be photographed while attending BLOCKS and that these pictures may be used for display or advertising purposes.

Parent Signature _____ Date _____