



2020 - 2021 REGISTRATION INFORMATION

Registration Deadlines

Current Families, Alumni and Church Members: Friday, January 10, 2020, by 12:00 Noon

New Families: Friday, January 17, 2020 by 12:00 Noon

Open Registration: after January 17, 2020 as space allows

REGISTRATION PROCEDURES

1. Please review the Class Offerings for the upcoming school year on the next page. Then complete one **BLC REGISTRATION PACKET PER FAMILY** and one **class selection form per child** indicating your class selection on the bottom (see page.) **PLEASE NOTE:** Your child must meet the age requirement listed for each class by September 1, 2020. No exceptions will be made.
2. 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**. You may also pay this fee online at www.blcelmhurst.org at the "Pay Your Tuition" link. Registration is not complete unless the registration fee is submitted with your registration forms. **The registration fee is non-refundable** unless you do not get a placement at BLC.
3. **NEW FAMILIES:** Registration forms will only be accepted after an observation tour of our school has been completed. 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 at 630-279-4086 to schedule an observation.
4. Registration confirmation e-mails will be distributed as soon as possible after January 10, 2020, for currently enrolled families, alumni and church members. This same communication will be used for new families as soon as possible after January 17, 2020. 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.



CLASS OFFERINGS 2020-2021

This class meets 1 day per week. These classes are staffed by a lead teacher and an assistant teacher and enroll up to 10 students per class. Register for a one-day class, and we will try to match any siblings with the same day. **It is not necessary that your child be potty trained for any BLC classes.**

2'S Classes			
Days	Times	Min. Age By 9/1/2020	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

These classes meet 2, 3 or 5 days per week. Please note BLC reserves the right to cancel any class that does not meet the required minimum enrollment.

3'S Classes			
Days	Times	Min Age by 9/1/2020	Min/Max Enrollment
MWF 3s	9:00 a.m-12:00 noon	3	12/18
T/TH/F 3s	9:00 a.m-12:00 noon	3	12/18
T/TH 3s	9:00 a.m-12:00 noon	3	12/18
M/T/W/TH/F 3s	9:00 a.m-12:00 noon	3	12/18
4'S Classes			
Days	Times	Min Age by 9/1/2020	Min/Max Enrollment
MWF 4s	9:00 a.m-12:00 noon	4	12/18
T/TH 4s	9:00 a.m-12:00 noon	4	12/18
M/T/W/TH/F 4s	9:00 a.m-12:00 noon	4	12/18

These classes meet each day in the afternoon only. It is a math and literacy focused extended day class **for students currently enrolled in a morning preschool class in a public or private school.** You may register for any or all afternoons. BLC reserves the right to cancel this class if the minimum enrollment is not met.

BLC Afternoon X Classes for 3s and 4s			
Days	Times	Min Age by 9/1/2020	Min/Max Enrollment
Monday	12:00 p.m. - 1:50 p.m.	3	12/16
Tuesday	12:00 p.m. - 1:50 p.m.	3	12/16
Wednesday	12:00 p.m. - 1:50 p.m.	3	12/16
Thursday	12:00 p.m. - 1:50 p.m.	3	12/16
Friday	12:00 p.m. - 1:50 p.m.	3	12/16

This class meets 2 to 3 days per week in the afternoons only. It is an enhancement class **for students currently enrolled in a morning kindergarten class in a public or private school.**

Afternoon Kindergarten Enhancement Class			
Days	Times	Min Age by 9/1/2020	Min/Max Enrollment
T/ TH p.m.	12:15 p.m. - 2:45 p.m.	5	12/16
T/ W//TH p.m.	12:15 p.m. - 2:45 p.m.	5	12/16

FOR OFFICE USE ONLY



CLASS PLACEMENT: _____

SIB: _____

DATE OF OBSERVATION _____ STAFF INITIALS _____

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

BLC REGISTRATION FORM 2020-2021 Directions:

Please use one form for each child. You may enroll in only one morning session and/any afternoon session(s).
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 _____

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	
4's Classes	Indicate 1 st and 2nd choice
MWF 4s 9:00-Noon	
T/Th 4s 9:00-Noon	
M/T/W/TH/F 9:00-Noon	
K.E. Classes	
T/TH K.E. 12:15 -2:45 pm	
T/W/TH K.E. 12:15 -2:45 pm	

3's Classes	Indicate 1 st and 2 nd Choice
MWF 3s 9:00-Noon	
T/Th/F 3s 9:00-Noon	
T/Th 3s 9:00-Noon	
M/T/W/TH/F 9:00-Noon	
3's and 4's X Classes	
Monday-X 12:00-1:50 pm	
Tuesday-X 12:00-1:50 pm	
Wednesday-X 12:00-1:50 pm	
Thursday-X 12:00-1:50 pm	
Thursday-X 12:00-1:50 pm	
Munch Bunch	
Wednesday 12:00-1:00 pm (Offered on District 205 Late Start days only)	

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

2020-2021

FOR OFFICE USE ONLY

FAMILY EMERGENCY INFORMATION/AUTHORIZATION

Child's Last Name _____

Child's First Name _____ Child likes to be called _____ Gender _____ Date of Birth _____

Child's Health Concerns - Please describe

Allergies _____

Speech _____

Vision _____

Hearing _____

Special Needs _____

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 _____

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

Physician _____ Phone _____

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 _____	Please check all appropriate <input type="checkbox"/> Primary <input type="checkbox"/> Emergency <input type="checkbox"/> Contingency
Address/City/State _____	
Home Phone _____ Cell Phone _____	
2. Name _____ Relationship _____	Please check all appropriate <input type="checkbox"/> Primary <input type="checkbox"/> Emergency <input type="checkbox"/> Contingency
Address/City/State _____	
Home Phone _____ Cell Phone _____	

Date: _____ Parent Signature: _____



TUITION/FEE AGREEMENT 2020-2021

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, 2020, November 1, 2020 and February 1, 2021, non-refundable once paid. If fees are paid more than two weeks late, a \$20 late fee will be charged.

2020-2021 TUITION

2s Monday \$1,205.50 per year / 3 installments of \$401.83
2s Tuesday \$1,406.75 per year / 3 installments of \$468.92
2s Wednesday \$1,406.75 per year / 3 installments of \$468.92
2s Thursday \$1,406.75 per year / 3 installments of \$468.92

3s MWF and 4s MWF a.m. \$3,718.00 per year / 3 installments of \$1,239.33
3s T/TH/F a.m. \$3,911.75 per year / 3 installments of \$1,303.92
3s T/TH and 4s T/TH a.m. \$2,710.50 per year / 3 installments of \$903.50
3s M/T/W/TH/F and 4s M/T/W/TH/F \$6,428.50 per year / 3 installments of \$2,142.83

BLC-X Monday p.m. \$793.00 per year/ 3 installments of \$264.33
BLC-X Tuesday p.m. \$925.50 per year/ 3 installments of \$308.50
BLC-X Wednesday p.m. \$927.50 per year/ 3 installments of \$309.17
BLC-X Thursday p.m. \$927.50 per year/ 3 installments of \$309.17
BLC-X Friday p.m. \$821.50 per year/ 3 installments of \$273.83

K.E. T/TH p.m. \$2,283.75 per year / 3 installments of \$761.25
K.E. T/W/TH p.m. \$3425.63 per year / 3 installments of \$1,141.88

Munch Bunch -Wednesdays (offered on District 205 Late Start days only)
\$191.75 per year/ 3 installments of \$63.92

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 fee.
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.

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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. take my child(ren) on walking trips near the church. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |

DATE _____ SIGNATURE _____

BLC/BUCC WAVIER AND RELEASE FORM EMERGENCY TREATMENT CONSENT FORM 2020-2021

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