



Bright Blocks Afterschool

Enrollment Form

Bright Blocks Afterschool Enrollment Form

Student Information:

- Full Name: _____
- Date of Birth: _____
- Grade: _____
- School: _____

Parent/Guardian Information:

- Parent/Guardian 1 Name: _____
- Phone Number: _____
- Email Address: _____
- Parent/Guardian 2 Name (optional): _____
- Phone Number: _____
- Email Address: _____

Program Selection:

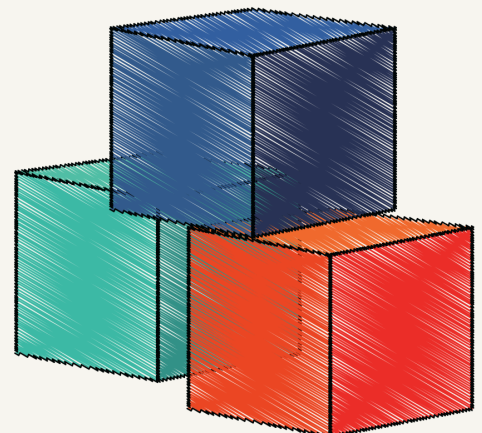
(Please select all that apply)

- ☐ Enrichment Program (8-Week Session)
- ☐ Aftercare Program (Daily Drop-In)
- ☐ Aftercare Program (Weekly Pass)
- ☐ Aftercare Program (Full 4-Week Package)

Authorized Pick-Up List:

(Individuals authorized to pick up your child)

- Name: _____
- Phone: _____
- Name: _____
- Phone: _____





Bright Blocks Afterschool

Emergency Contact Form

Bright Blocks Afterschool Emergency Contact Form

Student Name: _____

Primary Emergency Contact (other than parent/guardian):

- Name: _____
- Relationship to Student:

- Phone Number: _____

Secondary Emergency Contact:

- Name: _____
- Relationship to Student:

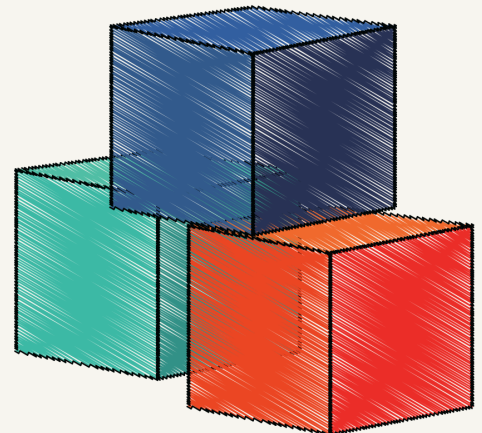
- Phone Number: _____

Authorized Pick-Up:

- Only the individuals listed above or on the Enrollment Form will be permitted to pick up my child.

Parent/Guardian Signature:

Date: _____





Bright Blocks Afterschool

Waiver & Release Form

Bright Blocks Afterschool Waiver and Release of Liability

I, the undersigned, hereby give permission for my child,
_____, to participate in Bright
Blocks Afterschool programs.

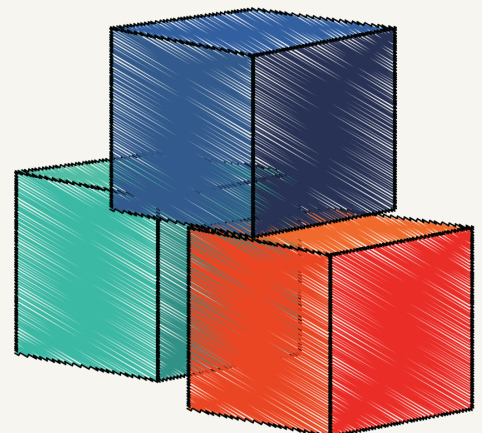
I understand that participation in these activities involves a degree of risk. I agree to release, indemnify, and hold harmless Bright Blocks Afterschool, its instructors, and partnering schools from any and all claims arising from participation, except in cases of gross negligence or intentional misconduct.

I understand that all reasonable precautions will be taken to ensure the safety and well-being of all participants.

Parent/Guardian Name (Printed):

Parent/Guardian Signature:

Date: _____





Bright Blocks Afterschool

Health Information Form

Bright Blocks Afterschool Health Information Form

Student Name: _____

Does your child have any allergies?

☐ No ☐ Yes — Please list: _____

Does your child have any medical conditions we should be aware of?

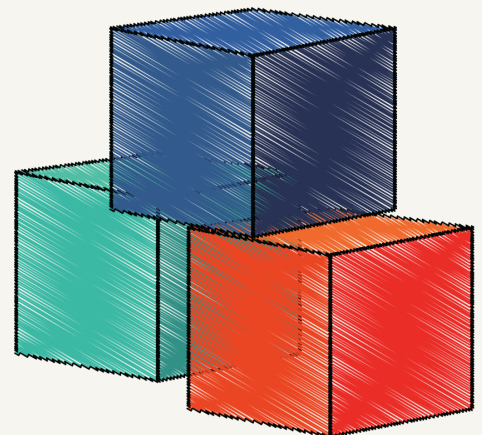
☐ No ☐ Yes — Please explain:

Medications (if any): _____

Special accommodations needed:

Parent/Guardian Signature:

Date: _____





Bright Blocks Afterschool

Photo/Media Consent Form

Bright Blocks Afterschool Photo & Media Consent Form.

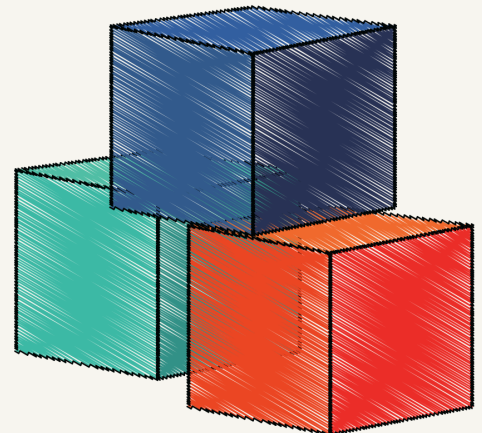
From time to time, Bright Blocks Afterschool may take photos or videos during classes to use for promotional materials, newsletters, or the website.

Please select one:

- ☐ I give permission for my child's image to be used for Bright Blocks Afterschool promotional purposes.
- ☐ I do not give permission for my child's image to be used.

Parent/Guardian Signature:

Date: _____





Bright Blocks Afterschool

Aftercare Plan Selection Form

Bright Blocks Afterschool Aftercare Plan Selection Form.

Student Name: _____

School : _____

Please select your Aftercare Plan:

- ☐ Daily Drop-In (\$25/day) — Pay as needed.
- ☐ Weekly Aftercare Pass (\$100/week) — Prepay at the start of each week (discounted).
- ☐ Full 4-Week Aftercare Package (\$350) — Prepay for a full 4-week cycle (discounted).

Start Date: _____

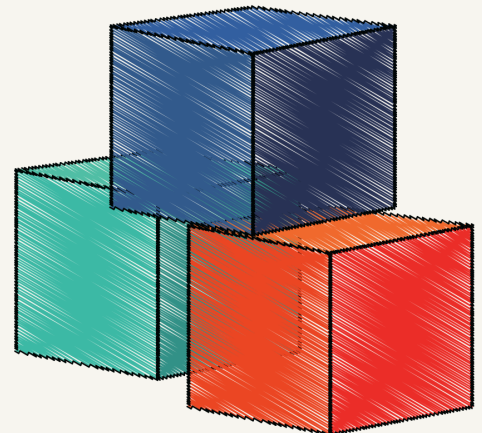
End Date: _____

Acknowledgment:

I understand that payment is due based on the selected plan's timeline. I agree to notify Bright Blocks Afterschool if my plan changes during the session.

Parent/Guardian Signature:

Date: _____





Bright Blocks Afterschool

Behavior Agreement Form

Bright Blocks Afterschool Student Behavior Agreement.

Bright Blocks Afterschool is committed to providing a safe, welcoming space for all students.

Students are expected to:

- Be respectful to instructors and peers.
- Follow directions and participate appropriately in activities.
- Resolve conflicts peacefully and ask for help when needed.

Failure to follow the Code of Conduct may result in warnings, parent meetings, suspension, or removal from the program.

I have read and understand the expectations for participation.

Parent/Guardian Signature:

Date: _____

