

Registration Form 2020 -2021 School Year

BELMONT COMMUNITY CENTER

BEFORE & AFTER SCHOOL PROGRAM

www.belmontcommunitycenter.org

Child's name _____ DOB _____ Grade _____

Address _____ City _____ Zip _____

Phone #: _____ Cell Phone #: _____

Email address: _____

Mother's Social Security # _____ Father's Social Security # _____

___ Before School Care - 6:30 AM to 8:15 AM \$100/ month

___ After School Care - 2:53 PM to 5:45 PM \$110/ month

___ No School Fun Days Only \$35/ day

A **\$90.00** registration fee for Before/After School registration **MUST** be returned with this form for registration to be complete. For the Before & After School program, \$60 will be applied to the May payment **OR**, if **4 weeks written** notice is received and all payments are current, your last month of child care prior to May. Monthly fees are due the first of each month's care. The Belmont Community Center retains the right to modify fees, etc. as necessary.

(Child's Name) _____ has my permission to participate in the Belmont Community Center Program. I understand that reasonable precautions will be taken to protect the health and safety of my child while under the supervision of the Belmont Community Center Staff and that I will be notified as soon as possible in case of an emergency. I understand the children may be leaving the premises with Belmont Community Center staff. I also understand that the Belmont Community Center, Inc. and /or persons connected, will not be responsible for any illness or injury sustained by my child while attending the Program. I understand & agree that any cellular or land line phone numbers & email addresses provided by myself to this office & to any of our services providers, now & in the future, may be used as a means to contact me, & that this office & our service providers may leave messages for me manually & by using automatic systems such as by artificial or prerecorded voice. I also agree that this office & any service providers may contact me by sending text messages & emails to any phone number or email address I provide to this office or service providers & I consent to receive such text messages & emails which may identify the name of this office or service provider sending the communication, & which may disclose the nature of the communications. In the future, should I acquire a new or different cellular, landline or email address, I agree that this consent would stay effective.

I have received and read the Belmont Community Center Program Brochure and I agree to the terms of this registration and contract.

Signature _____ Date _____

From time to time we take pictures during activities. We would like your permission to use these pictures on our website/face book page and newsletters. There is a possibility that these pictures would be used by other local media sources.

___ Yes, I grant permission to use photos of my child.

___ No, please do not use photos of my child.

Parent's signature _____ Date _____

BCC Office Use Only

Date of Payment for Reg. _____ Amount Pd. _____ Receipt # _____ Staff _____