



3335 North 12th Street Lincoln, NE 68521
(402)-477-8854 Fax (402)-477-8855 belmontcommunitycenter.org

General Information

(circle)
Male Female

Child's Full Name _____ DOB _____
(Child's Preferred Name _____) Grade Completed and School Attended _____
Address _____ Apt # _____
City _____ State _____ Zip Code _____
Preferred Contact and Phone Number (i.e. Mom xxx-xxxx) _____

Family Information

Parent/Guardian Name _____ Phone Number _____
Home Address (if different than child's) _____
Email Address _____
Parent/Guardian Name _____ Phone Number _____
Home Address (if different than child's) _____
Email Address _____

**If above student is ill or an emergency situation occurs and the student must be taken home.
I give the following individuals permission as authorized pick up persons and emergency contacts:**

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

Please list custody or guardian information (proper documentation will be required):

Please list any medications, allergies, intolerances, or dietary restrictions (medication authorization available upon request):

Please list any medical/health concerns or activities you student cannot engage in:

In the event I cannot be reached to make arrangements, I hereby give my consent to the Belmont Community Center to contact

Doctor _____ at _____ (phone number).

Your child will receive a Belmont Community Center Summer Program T-Shirt with their early registration. Please circle your child's size:

Small (4-5) Medium (6-8) Large (10-12) Extra Large (14-16) Adult Small Adult Medium

Permission to Participate Section

We often take photos or videos of children participating in activities to share with parents and to post on social media.

Please check one of the following:

Yes, I grant permission to take photos of my child. No, do not take photos of my child.

Authorized Medications for my child include: Sunscreen Bug Spray Other
(Please initial for permission.) If Other, please list: _____

As long as the weather permits, we will be walking to the Belmont Public Swimming Pool to swim.

Swimming will be an optional activity two days a week. Please check one of the following:

Yes, I grant permission for my child to participate. No, my child is not allowed to participate.

Swimming Ability & Restrictions:

I want my child to be restricted to the baby pool for the entire summer.

I will allow my child to be in the shallow end only -- no water above their head.

I will allow my child to progress to deeper water as their swimming ability improves, based on the observations of the Belmont Pool Staff or if I notify the BCC they may move to the next level.

My child is competent in the water and can swim in water above their head. My child may use the entire facility including the deep end, diving board, and slide with only general supervision.

Please remember to send your child's swimsuit, towel, and sunscreen labeled with your child's name on swim days.

We may participate in activities that will require us to use various means of transportation in order to participate.

Please check one of the following:

Yes, I grant permission for my child to be transported. No, my child is not allowed to participate.

Belmont Community Center Contract

(Child's name) _____ has permission to participate in the Belmont Community Center Summer 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 the Belmont Community Center Staff. I also understand that the Belmont Community Center and/or anyone connected will not be responsible for any illness or injury sustained by my child while attending the Belmont Community Center. I understand and agree that any phone numbers and emails provided by myself may be used to contact me. I also agree that the Belmont community Center may text or email any of the contact information I have provided. If my phone number or email is to change, I will give the Belmont Community Center the proper contact information and agree that the above consent would stay effective.

I agree to the terms of this registration and contract.

I certify the above information is correct to the best of my knowledge.

Signature _____ **Date** _____

Thank you for registering for our Summer Program!



BCC Summer Program Registration Summer 2021

Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____
Child's Name: _____ Grade: _____

Please indicate each week your child WILL BE attending

- ___ Week #1: May 26-May 28 (half week - **\$116**)
- ___ Week #2: June 1-June 4 (closed Memorial Day - **\$145**)
- ___ Week #3: June 7-June 11 (**\$145**)
- ___ Week #4: June 14-June 18 (**\$145**)
- ___ Week #5: June 21-June 25 (**\$145**)
- ___ Week #6: June 28-July 2 (**\$145**)
- ___ Week #7: July 7-July 9 (half week - **\$116**)
- ___ Week #8: July 12-July 16 (**\$145**)
- ___ Week #9: July 19-July 23 (**\$145**)
- ___ Week #10: July 26-July 30 (**\$145**)
- ___ Week #11: August 2-August 6 (**\$145**)
- ___ Week #12: August 9-August 11 (half week - **\$116**)

Total Weeks Selected _____ **x \$10/week = \$** _____ **due upon registration**

This registration fee HOLDS your spot for the week(s) above.
The amounts (**bolded**) are still due by the dates below.

Summer Payment Due Dates

Payments for WEEKS #1-4 due by Friday, May 14
Payments for WEEKS #5-8 due by Friday, June 18
Payments for WEEKS #9-12 due by Friday, July 16

In the event of a cancellation the BCC will retain your \$10 registration fee.
The BCC will return/not collect the (**bolded**) amount listed above if entire week is cancelled.

Parent/Guardian Signature _____

Parent/Guardian Phone _____

Date: _____

BCC Office Use Only

Fees Due: _____ Fees Paid: _____ Receipt # _____ Date: _____

Child(s) Name: _____

Birthdate(s): _____

Enrollment Date: _____

REQUIRED IMMUNIZATIONS

Vaccine	Type of Vaccine	Dose	Normal Schedule	Date Given			Doctor or Clinic Administering
				Mo	Day	Yr	
Polio OPV or IPV		1	2 mo.				
		2	4 mo.				
		3	6 - 18 mo.				
		4	4 - 6 yrs.				
DTP/DT/DTaP Diphtheria Tetanus Pertussis		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	15 - 18 mo.				
		5	4 - 6 yrs.				
Tdap		1	11 - 18 yrs.				
Td/Tetanus and Diphtheria							
Hib Haemophilus influenzae b		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
M-M-R		1	12 - 15 mo.				
		2					
Hepatitis A		1					
		2					
Hepatitis B		1					
		2					
		3					
Varicella Chickenpox date of disease		1	12 - 18 mo.				
		2					
Meningococcal Conjugate		1					
PCV Pneumococcal Conjugate		1	2 mo.				
		2	4 mo.				
		3	6 mo.				
		4	12 - 15 mo.				
Rotavirus		1	2 mo.				
		2	4 mo.				
		3	6 mo.				

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ Date: _____

I do not wish to have (child's name) _____ immunized. The reason for the decision is:

Signature of Parent/Guardian: _____ Date: _____

COVID-19 PUBLIC HEALTH EMERGENCY
SPECIAL PROGRAM ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE

Statement from the Belmont Community Center

BCC's priority is the health and safety of the children, families, staff, and surrounding Belmont community. During this time in our nation and around the world, BCC is taking every precaution during the COVID-19 pandemic. We are actively monitoring recommendations from the Centers for Disease and Prevention (CDC) and the Lancaster County Health Department (LLCHD). Their direction will continue to guide our actions.

BCC Visitor Guidelines

At this point, we are ceasing all parents/guardians and visitors from entering Belmont Community Center. In between students, staff, or reserved groups sanitation is occurring.

Initial _____ I understand that during the COVID-19 Public Health Emergency I will NOT be permitted to enter the facility. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein. I will send my student in during drop off and call 402-477-8854 for my student at the time of pick up. I understand that in the case of an emergency or exemption of the procedure I will sanitize, wear a mask, and keep a social distance from staff and/or other students.

BCC COVID-19 Procedures

Initial _____ I understand that my child's temperature will be taken each day before entrance into programming. I understand that my child, if over the age of 2, will wear a mask at all times while in the facility and on facility premises. I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. All staff and adults in the facility will also be required to wear a mask.

Initial _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during program, any of the following symptoms appear my child will be separated from the rest of those in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified. All other students will be removed from the previous area, directed to wash hands, and all surfaces, supplies, and toys will be sanitized.

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

Initial _____ I understand that my child (and all caregivers) must remain out of the BCC for 14 days if they experience a fever of 100 degrees. If at the end of the 14-day period the student and caregivers has not experienced any symptoms, return to the Belmont Community Center is allowed. If the student or caregiver has experienced symptoms, medical clearance will be required before returning. I agree to follow all other protocols that coincide with Lincoln Public Schools in reporting, quarantining, and returning to school in the event of having COVID-19 symptoms or a positive test result.

Initial _____ I understand the BCC will taking these precautionary measures:

- Continued focus on good hygiene, including proper handwashing, mask-wearing, and social distancing
- Frequent toy, classroom, and common space/high-touch area sanitizing
- Continued monitoring of child and employee wellness
- The taking of temperatures before entrance into the program
- Careful tracking of student and staff groupings to ensure contact tracing
- Halted admission of anyone reporting or exhibiting COVID-19 symptoms
- Continued communication with parents, staff, and the applicable community partners

Parent Responsibility

Initial _____ I understand that toys and personal electronics cannot be brought from home and will be held securely by BCC administrations until pick up. The BCC is not responsible for lost, broken, or stolen items from the child's household.

Initial _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices of mask-wearing, sanitizing, and social distancing.

Initial _____ I understand that using the BCC is voluntary, and at my and my child or children's own risk. I and my child or children are assuming the risk that by using the BCC, I or my child or children could be exposed to and could contract the virus which causes COVID-19 or incur other injuries or communicable health conditions, and I accept this risk and nonetheless voluntarily choose to allow my child or children to attend programming at the Belmont Community Center. I agree that the BCC is not responsible in any manner for any personal injury to me or my child or children occurring as a result of using the Belmont Community Center including but not limited to physical injury or exposure to or contraction of the virus which causes COVID-19. I am fully aware of the specific risks and dangers associated with using the Belmont Community Center and hereby release, covenant not to sue and waive any and all claims, causes of action, and lawsuits that I, my child or children, or any other guardian(s) may have or may accrue against the Belmont Community Center, it's staff, or board of directors.

Print Child Name(s): _____

Print Parent Name: _____

Parent Signature

Date



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/publichealth/pages/crChildCareLicensingIndex.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986

**Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.**



Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School–Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.

**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**