



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

General Information

(circle)

Child's Full Name _____ DOB _____ Male Female
(Child's Preferred Name _____)

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 _____

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

Extra Small (2-4) Small (6-8) Medium (10-12)

**We often take photos or videos of children participating in activities to share with parents and to post on social media.
Please initial by one of the following:**

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

A \$50.00 nonrefundable registration fee and immunization records must be submitted with this form for the registration to be complete.

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).

Program Hours and Pricing

Please check the program option(s) for your child

Full Day – 5 days/week
8:30 am to 3:30 pm
\$550/month

Half Day – 5 days/week
8:30 am to 12:00 pm
\$275/month

Before and/or After School Program
6:30-8:30 am and 3:30-5:45 pm
Additional \$50/month

Payments are due on first Monday of the month

Your child's spot in the program could be released if payments are not made.

Please communicate with the BCC about financial options.

Please initial that you understand the payment information _____

Please initial if your student qualifies for the Nebraska State Child Care Subsidy _____

Preschool Contract

(Child's name) _____ has permission to participate in the Belmont Community Center Preschool 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 Preschool Program. I understand and agree that any phone numbers and emails provided by myself may be used to contact me. The Belmont Community Centers is allowed to leave messages for me manually or by using an automatic system. 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 Preschool Program!

BCC Office Use Only

Date of Reg. Payment _____ Receipt # _____ Staff Initials _____