

Reg. #

REGISTRATION FORM 2019-2020

BELMONT COMMUNITY CENTER PRESCHOOL

3335 North 12th Street Lincoln, NE. 68521

Phone 402-477-8854 Fax 402-477-8855 belmontccpreschool@gmail.com www.belmontcommunitycenter.org

Child's name _____ Date of Birth _____ Male _____ Female _____

Monday/Wednesday/Friday (8:30-12:00) - 3-5 year olds **\$165.00/month**

Monday-Friday (8:30-12:00) - 3-5 year olds **\$270.00/month**

Payments are due the first Monday of the month. A \$5/day late fee will be charged for each business day, after the first Monday, until payment is made.

Parent(s) Name(s) _____

Mother's Social Security # _____

Father's Social Security # _____

Mailing Address _____

Zip Code _____

Cell Phone # _____

Work phone # _____

Email Address _____

A \$50.00 nonrefundable registration fee must be paid with this form for registration to be complete.

Your child will receive a Belmont Community Center Preschool t-shirt included in their registration fee.

Please circle your child's size: x-small (2-4) small (6-8) medium (10-12)

**(Child's Name) _____ has my 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 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 Preschool 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 Preschool Programs Brochure and I agree to the terms of this registration and contract.**

** Signature _____ Date _____

We often take photos or videos of the classes participating in activities, and post them to social media.

____ 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 Paid _____ Receipt # _____ Staff _____