



General Information

(Please fill out a registration form for each child)

Child's Full Name _____ DOB _____ (Circle Child's Pronouns)
(Child's Preferred Name _____) Grade _____ She He They

Address: _____ Apt # _____

City _____ State _____ Zip Code: _____

Preferred Contact and Phone Number (i.e. Mom xxx-xxxx) _____

Demographic Information (for grant reporting purposes – all information is kept confidential – please circle your responses)

Child's Nationality/County of Origin: _____ **Number of People in your household:** _____

| | | | |
|------------------------|------------------------|---|--------------------|
| Race/Ethnicity: | White/Caucasian | Annual Household Income: | <\$25,000 |
| | Black/African American | | \$25,000-\$35,000 |
| | Hispanic/Latinx | | \$35,000-\$50,000 |
| | Asian/Pacific Islander | | \$50,000-\$100,000 |
| | Native/Indigenous | | >\$100,000 |
| | Multi-Racial | | |
| Other: _____ | | Parent/Guardian Military Service | Yes No |

Family Information

Parent/Guardian Name _____ Phone Number _____

Home Address (if different than child's) _____ Email Address _____

Work Place and Phone: _____

Parent/Guardian Name _____ Phone Number _____

Home Address (if different than child's) _____ Email Address _____

Work Place and Phone: _____

**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 _____ |

A \$25 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 _____

Program Hours and Pricing (Please check the program option for your child)

- Before School Care 6:30am-8:15am (\$100/month)
- After School Care 2:53pm-5:45pm (\$110/month)
- Before and After School (\$200/month)
- No School Fun Days (\$35/day)
(Additional Paperwork Required)

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.
 Cash, Check, Money Order, and Credit Card Accepted

Please initial that you understand the payment information _____

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

Photo/Video Authorization Release

- YES, I give the Belmont Community Center the right and permission to use photographs and/or videos of my child or those in which they may be included as a group. I represent that I am the parent/guardian of the child listed above and hereby consent to the foregoing on their behalf.
- NO, I do not give the Belmont Community Center the right and permission to use photographs and/or videos of my child.

Belmont Community Center Contract

(Child's name) _____ has permission to participate in the Belmont Community Center Before and After School 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 BCC School Age Programs. 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 contacts 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 Before and/or After School Program!

BCC Office Use Only

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