



General Information

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 \$50 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)

- Half Day Program 8:30am-12:00pm (\$275/month)
- Full Day Program 8:30am-3:30pm (\$550/month)
- Before and/or After School (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.

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 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 BCC. 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. 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 Preschool Program!

BCC Office Use Only

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



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**

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: _____

Getting to Know You and Your Child 😊

Updated 12/2020

Child's **preferred** name _____ DOB _____

Parent/Guardian names _____

Preferred method of contact _____

Please list names & ages of siblings:

Please list any pets & their names:

Write 3 adjectives that describe your child:

What special interests or extracurricular activities does your child enjoy?

Please list any particular goals beyond our preschool goals you would like me to focus on for your child this year:

Is there anything about your child, your family, or your home that I should know about?

If your child is full-time, how important is it that your child naps?

I prefer my child naps the full time period	It is up to my child if he/she is tired	I prefer my child does not nap
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*As the year progresses, nap time will shorten in order to prepare for Kindergarten.

We will also be working on learning our personal information. Please provide the following personal information you would like your child to know:

Phone Number: _____ Address: _____