



**General Information**

(Circle Child's Pronouns)

(Please fill out a registration form for each child)

She/Her

He/Him

They/Them

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_

(Child's Preferred Name \_\_\_\_\_) Grade Completed & School Attended: \_\_\_\_\_

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:** \_\_\_\_\_

<b>Race/Ethnicity:</b>	White/Caucasian	<b>Annual Household Income:</b>	<\$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: _____	<b>Parent/Guardian Military Service</b>	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 \_\_\_\_\_

**Weekly registration fees and all paperwork must be submitted with this form for the registration to be complete.**

**Please circle your child's size to receive a Belmont Community Center Summer Program T-Shirt with early registration.**

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

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

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

**Authorized Medications for my child include:**

(Please initial for permission.)

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Bug Spray

If Other, please list: \_\_\_\_\_

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

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

**\*\*SWIMMING ABILITY\*\***

**Please restrict my child to --**

\_\_\_\_\_ The baby pool.

\_\_\_\_\_ The shallow end only -- no water above their head.

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

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

**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.**

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

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).

**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 BCC 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 BCC Staff. I also understand that the BCC and/or anyone connected will not be responsible for any illness or injury sustained by my child while attending the 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 BCC 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 BCC 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!