



General Information

(Please fill out a registration form for each child)

Child's Full Name _____ DOB _____
(Child's Preferred Name _____) Grade Completed & School Attended: _____

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: _____ Sunscreen _____ Bug Spray
(Please initial for permission.) 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. (Recommended for Preschool Students)
- _____ 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.

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.

Parent/Guardian Signature _____ Date _____

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



BCC Summer Program Weekly Registration and Payment 2023

Child's Name: _____

Please indicate each week your child WILL BE attending

****BCC will be closed May 26 – June 2****

****BCC will be closed July 3-5****

****BCC will be closed August 10-11****

- _____ Week #1: June 5-June 9 (**\$140**)
- _____ Week #2: June 12-June 16 (**\$140**)
- _____ Week #3: June 19-June 23 (**\$140**)
- _____ Week #4: June 26-June 30 (**\$140**)
- _____ Week #5: July 6-July 7 (half week - **\$70**)
- _____ Week #6: July 10-July 14 (**\$140**)
- _____ Week #7: July 17-July 21 (**\$140**)
- _____ Week #8: July 24-July 28 (**\$140 - FIELD TRIP WEEK**)
- _____ Week #9: July 31-August 4 (**\$140**)
- _____ Week #10: August 7-August 9 (half week - **\$110**)

This \$15 registration fee HOLDS your spot for the week(s) above. The amounts (**bolded**) are still due by the dates below.

Total Weeks Selected _____ **x \$15/week = \$** _____ **due upon registration**

Summer Payment Due Dates

Payments for WEEKS #1-4 due by **Monday, June 5**

Payments for WEEKS #5-8 due by **Monday, July 10**

Payments for WEEKS #9-10 due by **Monday, August 7**

In the event of a cancellation the BCC will retain your \$10 registration fee. The BCC will return/not collect the (**bolded**) amount listed above if entire week is cancelled.

Please initial that you understand the payment information _____

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

Parent/Guardian Signature _____

Parent/Guardian Phone _____

Date: _____

BCC Office Use Only

Fees Due: _____ Fees Paid: _____ Receipt # _____ Date: _____