



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:** _____

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 _____

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



OFFICE ONLY

Financial Account Set-Up

Added to Roster/Groups

Newsletter Sign Up

Added to Email Contacts

Added to Google Drive

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:

(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. (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 _____

Parent/Guardian Phone Number _____

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

You will receive a confirmation email when your student is enrolled. Complete page 3 -->



BCC Summer Program Weekly Registration and Payment 2024

Child's Name: _____

Please indicate each week your child WILL BE attending

****BCC will be closed May 24-May 31****

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

****BCC will be closed August 8-9****

- _____ Week #1: June 3- June 7 (**\$140**)
- _____ Week #2: June 10-June 14 (**\$140**)
- _____ Week #3: June 17-June 21 (**\$140**)
- _____ Week #4: June 24-June 28 (**\$140**)
- _____ Week #5: July 1- July 2 (half week - **\$70**)
- _____ Week #6: July 8-July 12 (**\$140**)
- _____ Week #7: July 15-July 19 (**\$140**)
- _____ Week #8: July 22-July 26 (**\$140 - FIELD TRIP WEEK**)
- _____ Week #9: July 29-August 2 (**\$140**)
- _____ Week #10: August 5-August 7 (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 3**

Payments for WEEKS #5-8 due by **Monday, July 1**

Payments for WEEKS #9-10 due by **Monday, August 5**

In the event of a cancellation the BCC will retain your \$15 registration fee. The BCC will return/not collect the (**bolded**) amount listed above if entire week is cancelled.

Current accounts with BCC must be paid in full for your child to attend SSP. Weekly registration fees collected will be applied to overdue accounts and your child's spot will be released if there is a balance forward from the previous school year.

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: _____



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/publichealth/pages/crlChildCareLicensingIndex.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. (Only one form needed per family.)

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: _____