

# BCAC 2025-26 School Year Registration Form

## **Participant Information**

Full Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade (as of upcoming school year): \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Prefer not to say

Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

## **Parent/Guardian Information**

Full Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **Emergency Contact Information**

Full Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## **Medical Information**

Allergies (food, medicine, etc.): \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Physician Name and Contact: \_\_\_\_\_

### **Additional Information**

Special Dietary Needs: \_\_\_\_\_

Special Accommodations Needed: \_\_\_\_\_

### **Consent and Waiver**

I hereby give my consent for my child to participate in the BCAC Afterschool Program and acknowledge that I have read and understand the camp's policies and procedures.

I understand that photos and videos may be taken during camp activities and may be used for promotional materials.

I hereby release the school and its staff from all claims of injury that may arise from camp activities.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ (MM/DD/YYYY)

There will be a mandatory enrollment meeting for parents/guardians and camp participants on

\_\_\_ 8/22/2025 \_\_\_\_\_. An adult from each household must attend the meeting and all fees paid in order for the student to start on August 25th.

### **Payment Information**

Camp Fee \$50 per Child \$ \_\_\_\_\_

Payment Method: ☐ Check ☐ Credit Card (Payable through Square) ☐ Cash

(Please make checks payable to Belhaven Community Afterschool Center)

Please return this completed form along with your payment to the school office by August 22, 2025. For more information, contact us at 252-548-7960.

Thank You for Registering! We look forward to a fun and exciting school year!

**If you are a medicaid recipient, you may qualify for assistance paying for registration fees.  
The following providers assist with afterschool fees:**

**Healthy Blue**

**Carolina Complete**

**Trillium**