

Christ United Methodist Church

Preschool All Summer Kamp **Kidz Crossing** Mother's Day Out Extended Day Session

Today's date: _____ Fall Session Summer Session Start date: _____

CHILD'S INFORMATION

Child's name (Last, first, m.i.): _____

Known as (nickname): _____ Check one: MALE FEMALE

Home address Street: _____

City/ST/zip: _____

PARENT/GUARDIAN INFORMATION

Mother's/Guardian Name (last, first): _____

Father's/Guardian Name (last, first): _____

Home Phone: _____ Mother's Cell: _____ Father's Cell: _____

Father's place of employment: _____ Work phone #: _____

Mother's place of employment: _____ Work phone #: _____

Email - PRINT IT CLEARLY: _____ (for school use only)

Names & ages of other children enrolled in program: _____

EMERGENCY INFORMATION (If you are unable to be reached when your child is ill or needs to be picked up)

Contact #1: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Other phone: _____

Relationship to child: _____

Contact #2: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Relationship to child: _____

MEDICAL RELEASE STATEMENT

Should my child, _____, become ill or suffer an accident while he/she is in the care of Christ United Methodist Church Kidz Crossing, the staff should try to contact me immediately. In the event the staff is unable to reach me, the staff is authorized to seek and obtain such medical attention, treatment, and services deemed necessary for my child. I agree to assume responsibility for payment of all such medical costs incurred.

Parent/Guardian Signature _____ Date: _____

Child's Doctor: _____ Hospital preferred: _____

Does your child have any health concerns or allergies we should know about?: NO YES If yes, explain: _____

VIDEO/PHOTO PERMISSION

We need permission to have your child's picture taken to be used in publications, advertisements, or video records approved by Christ United Methodist Church as related to Kidz Crossing programs and church activities. This would include Christmas, Thanksgiving programs, Santa Breakfast, End of Year programs or any other pictures or videos that may be shot throughout the year.

_____ I give my permission _____ I do not give my permission

Parent/Guardian Signature _____ Date: _____

LAST NAME: _____ FIRST NAME: _____

MDO: Infant I II III IV V VI VII h VIII m EXT. Session. Days: MON TUES WED THURS FRI

Days: h 2day h 3 day h 5 day

m Sibling _____ of _____

Reg. fee \$ _____
 Sup. Fee \$ _____
 PS sports \$ _____
 PS Phonics \$ _____
 Total due \$ _____
 Total paid \$ _____
 Chk/receipt#:

Continue registration information on back

HANDBOOK POLICIES ACKNOWLEDGEMENT

I have received, read and understand the policies of the C.U.M.C. Kidz Crossing Parent Handbook. I agree to abide by and comply with all policies including payment of all/any fees and procedures as outlined in this handbook.

Parent/guardian signature: _____ Date: _____

SUMMER KAMP TRANSPORTATION & FIELD TRIPS

I agree that C.U.M.C. Kidz Crossing has my permission to transport my child from school to Christ United Methodist Church on the C.U.M.C. buses and/or a leased bus service. You have my permission to transport my child on field trips sponsored by Christ United Methodist Church Kidz Crossing in the same manner or walking to the Medal of Honor Park (located on Knollwood Drive directly behind Christ United Methodist Church).

Parent/guardian signature

date

File Changes:

Effective Date:

BY:

BK:

Changes made:

**Christ United Methodist Church Kidz Crossing
admits students of any race, color and national or ethnic origin.**