

# Christ United Methodist Church Kidz Crossing

Today's Date: \_\_\_\_\_ Summer Session (Year): \_\_\_\_\_ Start Date: \_\_\_\_\_

### Your Child's Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Int. \_\_\_\_\_  
 Known as/nickname: \_\_\_\_\_ Check one:  Male  Female  
 Home Address: \_\_\_\_\_  
Street/apt/p. o. box  
 \_\_\_\_\_  
City State ZIP CODE  
 DOB: \_\_\_\_\_ Age as of September 1: \_\_\_\_\_ Last grade completed: \_\_\_\_\_  
00/00/0000 (A.S.K. only)  
 Any other siblings that will be in the program at the same time? Check one:  Yes  No  
 If yes, names & ages: \_\_\_\_\_

### Parent/Guardian Information

Mother's/Guardian Name (last name, first name): \_\_\_\_\_  
 Father's/Guardian Name (last name, first name): \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Mother's cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
 Mother's place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Father's place of employment: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Email address (we do not give out)—PRINT CLEARLY: \_\_\_\_\_  
 Are you a member of Christ United Methodist Church? Check one:  Yes  No

### Emergency Information

(In case you are unable to be reached when your child is ill and/or needs to be picked up)

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 \_\_\_\_\_ Work #: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Other #: \_\_\_\_\_  
 Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 \_\_\_\_\_ Work #: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_ Other #: \_\_\_\_\_

### Child's Medical Information

Child's Doctor: \_\_\_\_\_ Hospital preferred: \_\_\_\_\_  
 Does your child have any health concerns or allergies we should know about? Check one:  Yes  No  
 If yes, explain: \_\_\_\_\_

### 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 even 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: \_\_\_\_\_

### Handbook Policies Acknowledgment

I have received, read and understand the policies of the Christ United Methodist Church 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: \_\_\_\_\_

### Video/Photo Permission

I (check one)  do  do not give permission to have my child \_\_\_\_\_'s picture taken to be used in publications, advertisements, or video records approved by Christ United Methodist Church Kidz Crossing as related to Christ United Methodist Church Kidz Crossing programs and church activities. This would include Christmas, Thanksgiving, Santa Breakfast, End of Year programs or any other pictures or videos that may be taken throughout the year.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

### A.S.K. Summer Kamp Transportation & Field Trips Permission

I agree that Christ United Methodist Church Kidz Crossing has my permission to transport my child to Christ United Methodist Church on the C.U.M.C. buses and/or 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: \_\_\_\_\_

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Sibling \_\_\_\_\_ of \_\_\_\_\_

**SUMMER KAMP MDO/Pre-School**  
 Inf. I II III Inf XC I & II XC III XC  
 3 yr 4 yr \*3XC. \*4XC. \*5XC.  
 Mon  Tue  Wed  Thur.  Fri

**ALL SUMMER KAMP (ASK) K5-5th**  
 \*2D \*3D \*5D  
 Week #1 Week #2 Week #3 Week #4 Week #5  
 Week #6 Week #7 Week #8  
 Teacher/class name: \_\_\_\_\_

**Specialized Summer camp K5-5th**  
 week #1 week #2 week #3  
 week #4 week #5 week #6  
 week #7 week #8

Registration fee \$ \_\_\_\_\_  
 Supply fee \$ \_\_\_\_\_  
 Tuition \$ \_\_\_\_\_  
 Total due \$ \_\_\_\_\_  
 Total Paid \$ \_\_\_\_\_  
 Check/cash receipt # \_\_\_\_\_  
 Info in GlobalFile?  yes

**CHECK LIST**  
 Check off each one before turning into bookkeeping.  
 Parent complete reg. form?   
 Shaded areas completed on reg. form?   
 Info in Shelby's GlobalFile?   
 All fees charged accordingly?

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

**File Changes**

Effective Date:  
Changes made:

By:

BK:

Effective Date:  
Changes made:

By:

BK:

Effective Date:  
Changes made:

By:

BK:

Effective Date:  
Changes made:

By:

BK:

**Notes/Communications**