

Suncrest Child Care Ministries
2010 Kidz Rock Summer Camp
479 Van Voorhis Road, Morgantown, WV 26505
304-599-6306

**Initial
Registration
Form**

Child's Name: _____ **Nickname:** _____

Birthday: _____ **Age:** _____ **Grade:** _____

Address: _____

Mother's Name: _____ **Phone:** _____

Employer's Name: _____ **Phone:** _____

Address at Work: _____ **Email:** _____

Father's Name: _____ **Phone:** _____

Employer's Name: _____ **Phone:** _____

Address at Work: _____ **Email:** _____

Those Who May Pick Up Your Child

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____

Emergency Contacts

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Child's Medical History

Allergies: _____

Illness or Injury: _____

Health Insurance

Type: _____ **Policy #** _____

Address: _____ **Phone:** _____

Others in the Household including parents

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Emotional Behavior

Has your child had any severely upsetting experiences such as a divorce of parents, death in the family, frequent or recent moves, etc? _____

How does your child express anger? _____

How does your child express fear? _____

What have you found to be the best form of discipline at home? _____

Eating habits, sleeping habits, fears, toilet habits or any other information that you feel would be of benefit to us in helping your child adjust to his/her new environment.

Special Needs

Does your child have special needs which might require the Center to make special arrangements for his/her care?

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

I am registering my child(s) as:

_____ PT-2 (part time 2 days each week)... \$40.00 (\$20.00 each additional child)

_____ PT-3 (part time 3 days each week)... \$60.00 (\$30.00 each additional child)

_____ PT-4 (part time 4 days each week)... \$80.00 (\$40.00 each additional child)

_____ FT-5 (full time 5 days each week)... \$100.00 (50.00 each additional child)

(I understand that I will be paying for a space and not just for the days that my child is in attendance.)

Please return your completed registration form with a check made payable to Suncrest United Methodist Church to registrar Aimee Harris or the church office.

OFFICE USE ONLY

Date Received: _____

Check #: _____

Received by: _____