

Summer Camp Registration Form

Child's full name _____

Cahaba Heights United Methodist Preschool

Name child is known by _____

(205)969-3149

Date of Birth _____

3139 Cahaba Heights Road

Gender: Male _____ Female _____

Vestavia Hills, AL 35243

Name of parent(s) or legal guardian(s) _____

Child lives with? _____

Address _____

City _____ Zip _____ Home Telephone _____

Mother's e-mail _____ Father's e-mail _____

Mother's employer _____ Job title _____

Work Phone _____ Can you be called at work? _____ Cell Phone _____

Father's employer _____ Job title _____

Work Phone _____ Can you be called at work? _____ Cell Phone _____

In Case of an Emergency and We Cannot Reach You, Please List Below Three People We Can Contact:

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

Child's Doctor _____ Location _____ Phone _____

Allergies (food, insects or environment) _____

Medication for allergies _____

Has child ever had any of the following difficulties: Seizures _____ Speech _____ Hearing _____ Vision _____

Daily Medication(s) _____

Has child had any serious illnesses, surgery or hospital stays? _____

Is child potty trained? Yes _____ No _____ In the process of being potty trained? Yes _____ No _____

Three and Four-year-old children must be potty trained. For special needs or concerns see the director.

Summer Camp **NON-REFUNDABLE** Registration Fee \$75.00 for all campers. Supply fee is \$25.00.

Tuition Fee of \$105.00 a week for all campers.

Elementary age _____

I hereby agree to pay the monthly fees for my child's participation and for child care in the designated program at Cahaba Heights United Methodist Church. No refunds or credits will be made for absences of any kind.

Signature _____ Date _____

I agree to have on file at the preschool the following forms: Blue immunization form, Emergency Release Form, Family Information Form, and Transportation Form on or before the first day of school.

Signature _____ Date _____

Registration Fee _____ Date received _____ Director _____