

2026 Summer Registration Form
Christ United Methodist Preschool
4509 Highcrest Rd*Rockford, IL 61107*(815) 398-1458

Child Information:

First Name: _____ Last Name: _____

Birth Date: _____ Sex: M F Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Info	Father	Mother	Emergency Contact
Name			
Home Phone			
Work Phone			
Cell Phone			
E-mail			

Allergies: _____

I waive Christ United Methodist Preschool staff and volunteers of all responsibility in case of accident, injury, illness, or loss of my child's personal property.

I grant permission:

- For the staff to perform emergency first aid or obtain emergency medical treatment for my child if deemed necessary by said staff.
- For my child to take "mini" field trips to other areas of the church building and for walks in the immediate neighborhood. For safety purposes we will not walk along Alpine Road.
- For my child's picture to be used for publicity purposes for Christ United Methodist Church Preschool.

Parent/Guardian Signature _____ Date _____

***DCFS requires that we have an updated medical and copy of certified birth certificate on file for all children attending CUMC Preschool Summer session.**

Child's name _____ DOB _____

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Please circle your schedule choice for each week:

Date	Theme	Full days (7:00am-5:30pm)	Half days (7:00am-12:00pm)
June 1-5	Garden Growers	M-F/MWF/TTH	M-F/MWF/TTH
June 8-12	Bugs Bonanza	M-F/MWF/TTH	M-F/MWF/TTH
June 15-19	Icky Sticky Science	M-F/MWF/TTH	M-F/MWF/TTH
June 22-26	Summer STEM Fun	M-F/MWF/TTH	M-F/MWF/TTH
June 29-July 3 (Closed Friday)	Red, White, and Blue	M-F/MWF/TTH	M-F/MWF/TTH
July 6-10	Crafty Creations	M-F/MWF/TTH	M-F/MWF/TTH
July 13-17	Laura Numeroff Week	M-F/MWF/TTH	M-F/MWF/TTH
July 20-24	Pirates and Mermaids	M-F/MWF/TTH	M-F/MWF/TTH
July 27-31	Camp Carnival	M-F/MWF/TTH	M-F/MWF/TTH
August 3-7	Disney Days	M-F/MWF/TTH	M-F/MWF/TTH
August 10-14	Water Week	M-F/MWF/TTH	M-F/MWF/TTH
August 17-21 (Closed TH & F)	Games	M-F/MWF/TTH	M-F/MWF/TTH

****Please send a swimsuit and towel with child at beginning of each week.**

We will be having water play outside throughout the summer (weather permitting).

Parent/Guardian Signature: _____ Date: _____

***Tuition payments are due the first day your child attends each week. Contact the office for information about the automatic withdrawal payment option.**