



Suncrest Childcare & Early Learning Center

Suncrest United Methodist Childcare Ministries
479 Van Voorhis Rd., Morgantown, WV 26505
304-641-7625

BASE (Before & After School Enrichment) Registration Form

Family Name: _____ Registration # _____

Child's Name: _____ M/F: _____ DOB: _____

Fall '18 Grade: _____ School: _____

Child's Name: _____ M/F: _____ DOB: _____

Fall '18 Grade: _____ School: _____

Child's Name: _____ M/F: _____ DOB: _____

Fall '18 Grade: _____ School: _____

SNOW DAYZ OPTION

_____ Yes, I would like to register my children for the 18-19 SCEL C Snow Dayz Program at this time.
Please include the Snow Dayz Activity Fee so my child is on the registration list for both programs.

Primary Parent/Guardian Name: _____

Relationship to child(ren): _____ Phone: _____

Home Address: _____

Email Address: _____

Employer: _____ Work Phone: _____

Second Parent/Guardian Name: _____

Relationship to child(ren): _____ Phone: _____

Home Address: _____

Email Address: _____

Employer: _____ Work Phone: _____

Important information you'd like to share about your child(ren):

How did you hear about Suncrest Early Learning Center?

_____ # of children X \$25.00/child Registration fee for 18-19 BASE programs = _____
_____ # of children X \$25.00/child Snow Dayz Activity Fee = _____
Total amount paid = _____

Payment method: _____ Received by: _____

I understand that this form and registration fee places my child/children on the registration list at Suncrest Early Learning Center. Once my child/children are accepted into the program, I understand I must complete an enrollment interview with the director and provide necessary documentation (medical records, birth certificate, emergency contact information, etc) before my child/children may begin.

Signature: _____ Date: _____

SUMC representative: _____ Date: _____