



North Cross United Methodist Mother's Day Out Program Summer Registration

1 Year Old Class _____ 2 Day MW or TTh _____ 4 Days
 2 Year Old Class _____ 2 Day MW or TTh _____ 4 Days
 3 Year Old Class _____ 2 Day MW or TTh _____ 4 Days
 4/5 Year Old Class _____ 2 Day MW or TTh _____ 4 Days

Weeks Desired: _____ Jun 6-9 _____ Jun 13-16 _____ Jun 20-23
 _____ Jul 11-14 _____ Jul 18-21 _____ Jul 25-28

Child's Information:

First Name: _____ Middle: _____ Last Name: _____
 Name Used: _____ Male: _____ Female: _____
 Address: _____ City: _____, LA (Zip): _____
 Home Phone: _____ Birthdate (M/D/Y): _____
 Allergies/Food Restrictions/Other Special Needs: _____

Parent/Guardian Information:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Email: _____	Email: _____

Sibling Information:

Names/Ages: _____

IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:

Name/Relation: _____	Phone: _____
Name/Relation: _____	Phone: _____
Name/Relation: _____	Phone: _____

For Office Use Only:

Registration/Emergency Form _____	Authorization for Pickup _____
Completed Medical Release Form _____	Permission Slips _____
Registration Fee Received _____	_____

North Cross United Methodist MDO admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies and admissions policies.