

Please circle the class option you would like to register your child for:

5 day

3 day

1 year old class: 2 day

(must be 12 months	old by Septe	mber 30)				
2 year old class:	2 day	3 day	5 day	2 Day: Tuesday/T	hursday	
(must be 2 years old	by Septembe	er 30)			Vednesday/Friday	
				5 Day: Monday-F		
3 year old class:	-	3 day	5 day	5 Day. Monday-1	Ilday	
(must be 3 years old	by Septembe	er 30 & potty ti	rained)			
Pre-K 4 class:	2 day	3 day	5 day			
(must be 4 years old	by Septembe	er 30 & potty ti	rained)			
Child's Informat	ion:					
First Name:			Middle:	Last Name:		
Name Used:				Male: Fem	nale:	
Address:				City:	LA (Zip):	
Home Phone:	Birthdate (M/D/Y):					
Allergies/Food Restrictions/Other Special Needs:						
			,			
Previously attended Parent/Guardian Name: Relationship: Cell Phone: Email: Employer: Work Phone:	Informatio			Relationship: Cell Phone: Email:		
Sibling Information	tion:					
Names/Ages:			SE OF EMERGI	ICY, NOTIFY THE FOLLOW	ING:	
Name/Relation:						
Name/Relation:					Phone:	
Name/Relation: Pho				Phone:		
For Office Use O						
Registration/Emergency Form				Authorization for Pickup		
Completed Medical Release Form				Permission		
Slips Registration	n Fee		<u></u>		_ 	

North Cross 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, nationality, and ethnic origin in administration of its educational policies and admissions policies.