

NORTH CROSS
METHODIST CHURCH
Mothers Day Out
Summer Registration 2024

1 Year Old Class	_____ 2 Day (M/W or T/TH)	_____ 4 Days
2 Year Old Class	_____ 2 Day (M/W or T/TH)	_____ 4 Days
3 Year Old Class	_____ 2 Day (M/W or T/TH)	_____ 4 Days
4/5 Year Old Class	_____ 2 Day (M/W or T/TH)	_____ 4 Days

Weeks Desired:

___ June 3 - 6	___ July 8 - 10
___ June 10 - 13	___ July 15 - 18
___ June 17 - 20	___ July 22 - 25

Child's Information:

First Name: _____ Last Name: _____ Preferred Name:: _____
 Male: ___ Female: ___ Birthdate (MM/DD/YY): _____

Allergies/Food Restrictions/Other Special Needs:

Parent/Guardian Information:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, ST, Zip: _____	City, ST, Zip: _____
Home Phone: _____	Home Phone: _____
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 ___ Medical Release Form ___ Permission Slips ___