

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

1 year old class:	2 day	3 day	5 day	
(must be 12 months	old by Septe	mber 30)		
2 year old class:	2 day	3 day	5 day	2 Day: Tuesday/Thursday
(must be 2 years old	by Septembe	er 30)		3 Day: Monday/Wednesday/Friday
3 year old class:	2 day	3 day	5 day	5 Day: Monday-Friday
(must be 3 years old	by Septembe	er 30)		
Pre-K 4 class:		3 day	5 day	
(must be 4 years old	by Septembe	er 30)		
Child's Informat	ion:			
First Name:			_ Middle:	Last Name:
Name Used:			Male:	Female: Birthdate:
Home Address:				
Allergies (please e	xplain seve	rity & if it req	uires an EpiPe	n):
Other Special Need	ds:			
Church Affiliation	(if applicab	ole):		
J	•	11 / -		
Parent/Guardian	Informati	on:		
Name:	i iiiioiiiiati	011.		Name:
Relationship:				Name: Relationship:
Cell Phone:				Cell Phone:
Email:				Email:
Sibling Information	tion:			
Names/Ages:				
				WING (other than parents/guardians listed above):
Name/Relation:				
Name/Relation:				Phone:
Name/Relation:				Phone:
T 046				
For Office Use Only:				Andbaninae C. Di 1
Registration/Emergency Form Completed Medical Release Form				Authorization for Pickup Permission
Registration Fee				1 611111221011

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.