

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 Septer	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 dav	3 dav	5 day	5 Day: Monday-Friday
(must be 3 years old	,	•	ý	
Pre-K 4 class:	2 day	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 ex	xplain sever	rity & if it req	uires an EpiPe	en):
Other Special Need	ds:			
Church Affiliation	(if applicab	ole):		
Previously attende	ed school (if	applicable):		
Parent/Guardian	Informati	on:		
Name:				Name:
Relationship:				Relationship:
Cell Phone:				Cell Phone:
Email:				Email:
Employer & Phor	ne:			Employer & Phone:
Sibling Informat	tions			
Names/Ages:	.1011.			
rumes/riges.				
				WING (other than parents/guardians listed above):
*These contacts will		•		, DI
Name/Relation: Name/Relation:				Phone: Phone:
Name/Relation:				Dhana
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For Office Use O	nly:			
Registration Police	-			Permission Slip Registration Fee
Extended Care Fo				Medical Release Supply Fee
Authorization for	Pick Up]	Handbook Form

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.