



 NORTH CROSS
METHODIST CHURCH
Mothers Day Out
Summer Registration 2025

Check weeks and circle days you'd like to register for:

___ June 2-5 M/W T/TH M-TH ___ June 9-12 M/W T/TH M-TH ___ June 16-19 M/W T/TH M-TH ___ June 23-26 M/W T/TH M-TH	___ June 30-July 3 M/W T/TH M-TH ___ July 7-10 M/W T/TH M-TH ___ July 14-17 M/W T/TH M-TH ___ July 21-24 M/W T/TH M-TH
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Child's Information:

First Name: _____ Last Name: _____
 Male: ___ Female: ___ Birthdate: _____
 Home Address: _____
 Allergies (explain severity & if it requires an EpiPen): _____
 Other Special Needs: _____

Parent/Guardian Information:

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

Sibling Information:

Names/Ages: _____

IN CASE OF EMERGENCY, NOTIFY THE FOLLOWING:
(other than parents/guardians listed above)

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

For Office Use Only:

Registration Policy ___ Authorization for Pickup ___ Medical Release Form ___ Permission Slips ___ Registration Fee ___