

Crossgates Baptist Mother's Morning Out

8 Crosswoods Rd Brandon, MS 39042 601-824-2751

\$40.00 registration fee

due at enrollment (non-refundable)

date paid _____ amount pd _____

ck # (if paying by check) _____

Child's Name _____ Name Called _____

Date of Birth _____ Male or Female (please circle)

Address _____

City _____ Zip Code _____

Home Phone _____ Email(s) _____

Parent Information:

Mother's Name _____ Father's Name _____

Mother's Work _____ Father's Work _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Is there any limitation of parental rights of one of the child's parents or stepparents? _____

If yes, documentation is required.

Medical Information:

Physician _____ Phone Number _____

Medications and conditions _____

Food and skin allergies _____

Other Information (habits, fears, special needs) _____

Emergency Phone Numbers:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Sibling Information:

Sibling _____ Male/Female (circle one) Age _____

Sibling _____ Male/Female (circle one) Age _____

Sibling _____ Male/Female (circle one) Age _____

Persons Authorized to Pick Up Your Child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Church you attend _____

Would you like information on Crossgates Baptist Church? _____

How did you find out about Crossgates Mother's Morning Out? _____

I agree to abide by all of the Mother's Morning Out policies as listed on the website.

Parent Signature _____ Date _____