

Crossgates Baptist Mother's Morning Out

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

\$80.00 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 _____

OFFICE USE ONLY: Email confirmation _____ Registration List _____

Email contact list _____ August mail out _____