

Registration Fee:
\$110 – new student
\$ 90 – returning student
(non-refundable)

Crossgates Baptist Kindergarten

8 Crosswoods Road, Brandon, MS 39042 601-825-7565

Office Use:
Date paid: _____ Amount: _____
Check #: _____ or Cash: _____

Child's Name _____ Name called _____
 First Middle Last
Date of Birth _____ Male or Female (please circle)
Address _____
City _____ Zip Code _____
Home Phone _____ Email (s) _____

Mother's name _____ Father's name _____
Mother's cell phone _____ Father's cell phone _____
Mother's occupation _____ Father's occupation _____
Mother's work phone _____ Father's work phone _____
Mother's work address _____
Father's work address _____

Is there any limitation of parental rights of one of the child's parents or stepparents? _____ If yes, documentation is required.
121 Immunization Form **MUST** be included with registration

Child's physician _____ Phone number _____
Special medical needs? _____
Allergies? (be specific) _____
Does allergy require an Epi-pen? _____
Language or speech difficulties? _____
Learning delays or difficulties? _____
Unusual fears? _____
Special abilities? _____
Potty trained? _____ Right or left handed? _____ Shy? _____ Impulsive? _____
Domineering? _____ Well-coordinated? _____ Happy? _____
Names & ages of brothers & sisters _____
Other adults living in your home _____
Pets _____

Emergency Contacts:
Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Previous school(s) attended _____
Church you attend _____
Would you like information on Crossgates Baptist Church? _____
How did you find out about Crossgates Baptist Kindergarten? _____

Please check your preference:
3 Year Old Class: _____ 3 days a week (T,W,TH) _____ 5 days a week
4 Year Old Class: _____ 5 days a week
Office use: Email confirmation _____ Mailing label _____ Parent Letter _____ 121 Form received _____ Date _____