



Registration Fee: \$ 90 (non-refundable)

Office Use:

Date Paid _____ Amount \$ _____

Check # _____ or Cash _____

Child's Name: _____ Name Called: _____
(First) (Middle) (Last)
DOB: _____ Home Address: _____
Primary Phone: _____

Mother/Guardian: _____ Father/Guardian: _____

Place of Employment: _____ Place of Employment: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Is there any limitation of parental rights of one of the child's parents or stepparents? _____ If so, documentation is required.
If custody is shared by both parents/guardians, facility will abide by documentation provided on this enrollment application.

121 Immunization Form MUST be included with registration.

Child's Physician: _____ Phone: _____

Special medical needs : NO / YES _____

Allergies: NO / YES _____ EPI-PEN: NO / YES

Other Information: NO / YES _____
(habits, fears, special needs)

Sibling Information:

Sibling: _____ Age _____ Male/Female

Sibling: _____ Age _____ Male/Female

Sibling: _____ Age _____ Male/Female

Office Use: _____ Mailing List _____ Parent Letter _____ 121 Form Received Date _____
_____ Email List

Emergency Contacts: **must provide at least 2*

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

Persons Authorized to Pick Up Child:

**Please list legal name as it appears on identification.*

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Church attending: _____

Would you like more information on Crossgates Baptist Church? _____

How did you hear about Mothers Morning Out? _____

Parents, please supply a complete response to every item on this form. If the item is not applicable, then please answer N/A. Please do not leave anything blank.

Parent Signature _____ Date _____

Director Signature _____ Date _____