



**Mom's
Morning
Out**

8 Crosswoods Road
Brandon, MS 39042

Registration Fee:
(non-refundable)
\$100 - new students
\$90 - returning students

Office Use:

Date Paid _____ Amount \$ _____

Check # _____ or Cash _____

Child's Name: _____

(First)

(Middle)

(Last)

Name Called: _____ DOB: ____/____/____ Male / Female

Office Use:

Room: _____

121 Form: _____

** Only include legal parents/guardians*

Mother/Guardian: _____

Place of Employment: _____

Employment City/State _____

Home Address: _____

Primary Phone: _____ cell / work

Secondary Phone: _____ cell / work

Email: _____

Father/Guardian: _____

Place of Employment: _____

Employment City/State _____

Home Address: _____

Primary Phone: _____ cell / work

Secondary Phone: _____ cell / work

Email: _____

(circle one) Child lives with: **mother/father** **mother** **father** **mother & father separately**

(circle one) **YES / NO** Is there any limitation of parental rights of one of the child's parents or stepparents?

If yes, documentation is required.

*If custody is shared by both parents/guardians, facility will abide by documentation
provided on this enrollment application.*

Child's Physician: _____ Phone: _____

Special Medical Needs : NO / YES _____

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

Language/Speech Delays: NO / YES _____

Developmental Delays: NO / YES _____

Additional Information: _____

Sibling Information:

Sibling: _____ Age _____ Male / Female

Sibling: _____ Age _____ Male / Female

Sibling: _____ Age _____ Male / Female

Emergency Contacts (other than parents/guardians): **must provide at least 2*

1. Name _____ Phone _____
City/State _____ Relationship _____
2. Name _____ Phone _____
City/State _____ Relationship _____
3. Name _____ Phone _____
City/State _____ Relationship _____
4. Name _____ Phone _____
Address _____ Relationship _____

Persons Authorized to Pick Up Child (other than parents/guardians):

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

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

Primary language spoken in home: ____ English ____ Other: _____

Other Adults Living in Home:

Name _____ Relationship: _____

Name _____ Relationship: _____

Church attending:

Would you like more information
on Crossgates Baptist Church? _____

How did you hear about Crossgates MMO?

Parents, please supply a complete response to every item on this form. Please do not leave anything blank.

If the item is not applicable, answer N/A.

CG MMO strives to provide excellent educational experiences and care for all children. All developmental and language delays/difficulties and/or behavioral difficulties must be communicated to the director or associate director prior to a child's enrollment. Failure to communicate information pertinent to the care of your child/children may result in dismissal from the program.

Parent Signature _____ Date _____

Director Signature _____ Date _____