

MOM Time 2015 - 2016 Registration

Child's Full Name _____

Nicknames (if any) _____ Male or Female

Birth date ___/___/___ Age as of September 1, 2015 _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone: _____

Mother's Name: _____

Cell # _____ Home # _____

Place of Employment: _____ Work # _____

Email Address _____

Father's Name: _____

Cell # _____ Home # _____

Place of Employment: _____ Work Phone: _____

Email Address _____

Emergency Contact _____ Phone # _____

Relationship to child _____

In order to except this form, we need a non-refundable \$50.00 registration and supply fee. Please make checks payable to NorthEast Christian Church. Once the registration form and \$50.00 registration and supply fee are received, your child will be placed on the registration list and you will be given an enrollment package.

For Office Use

Registration received by _____ Date: _____

Class Assigned _____

Payment: Cash _____ Check # _____

Registration Heath History All about me Immunization Record

Medical Release Class list/Photo Signed Policy/Procedure Agreement