

**Northern Cross Registration Form**  
**Monday/Tuesday/Thursday - September through May from 9-11:30**  
**Registration \$35 (first month only, Tuition \$145 per month (non-refundable))**  
**TOTAL: \$180 payable with this registration form**

**Please circle class for which child is registering:**  
**Three year old** (must be three by September 1, 2013)  
*(Limited openings for two year olds that will be three by December 31, 2013)*  
**Four year old** (must be four by September 1, 2013)

PLEASE SIGN: I am aware that both the registration fee and tuition fee will not be refunded under any circumstances. \_\_\_\_\_

*Are you a member of First Christian Church or an alumni of Northern Cross?* \_\_\_\_\_

Today's date \_\_\_\_\_

E-mail address \_\_\_\_\_

Child's full name \_\_\_\_\_

Name child goes by \_\_\_\_\_ Sex \_\_\_\_\_

Date of birth \_\_\_\_\_ Age on September 1 \_\_\_\_\_

Child's home address \_\_\_\_\_

Child's home phone number \_\_\_\_\_

**Parent or Guardian Information**

Father's name \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's address \_\_\_\_\_

Father's occupation and place of employment \_\_\_\_\_

Work phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's occupation and place of employment \_\_\_\_\_

Work phone \_\_\_\_\_

**Family Information**

Siblings (please indicated ages and whether they live with child):

\_\_\_\_\_

Please list any other persons living with child and their relationship to child:

\_\_\_\_\_

Persons authorized to pick up child: \_\_\_\_\_

Persons who **may not** pick up child: \_\_\_\_\_

**Personal History**

Is child right-handed or left-handed? \_\_\_\_\_

Has child had a previous group or preschool experience? \_\_\_\_\_

If so, where and when? \_\_\_\_\_

Does child have any allergies? \_\_\_\_\_

Are there any medical problems of which we should be aware? \_\_\_\_\_

What words does child use for toileting? \_\_\_\_\_

Does child have any bowel or bladder irregularities? \_\_\_\_\_