



CS/CR Kids and Teens Programs (2019-2020)

Nursery Enrollment Form

Today's Date: _____

Legal
Guardian

Allergies

Child's Name and Gender: _____

Y / N

Birth day: _____ Age: _____ Grade _____

Behaviors concerning you: _____

Child's Name and Gender: _____

Y / N

Birth day: _____ Age: _____ Grade _____

Behaviors concerning you: _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Crossings Community Church requires a parent or pre-approved "designated guardian" to attend a support group concurrent with CS/CR Kids and Teens Programs. Please list the class you will be attending:

My child will attend CS/CR Kids and Teens Programs. on these nights. Please check appropriate box.

Monday Night

Thursday Night

Both Monday and Thursday Nights

Thank You!