

2017-2018 Kindergarten Registration Form
Westwood Baptist Weekday Education Ministry
1155 Alabaster Boulevard Alabaster AL 35007 Ph: 205-663-2422

Date _____

Child's Name _____ Name used at home _____

Date of Birth _____ Present Age _____ Sex _____

Address _____ City _____ Zip _____

Father's Name _____ Occupation _____

Business Address _____ Phone _____ Cell _____

Mother's Name _____ Home Phone _____ Cell _____

Business Address _____ Phone _____

E-Mail Address _____

Church Affiliation _____

EMERGENCY INFORMATION:

Name of Child's Doctor _____ Phone _____

Person authorized to act for parents in emergency (babysitter, relative, etc.)

Name _____ Phone _____

Address _____ Bus. Phone _____

MEDICAL:

Any evidence of vision or hearing loss or difficulties? _____

Any allergies? _____ How does it manifest itself? _____

Any evidence of speech disabilities? _____

Does child have any special needs? No _____ Yes _____ Explain _____

List any medication or drugs taken regularly by child _____

FAMILY SITUATION:

Is child adopted? _____ If so, at what age? _____

Parents divorced? _____ Death of parent? (which) _____

Names and ages of other children in the home _____

SOCIAL AND PHYSICAL GROWTH:

Is your child: (1) Right or left-handed _____ (2) Impulsive _____

(3) Unusual fears _____ (4) Excitable _____ (5) Shy _____

(6) Potty-trained _____ Stage of Training (Complete, In Progress, Etc.) _____

(7) What problems does your child have that concern you most? _____

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EXPERIENCES WITH OTHERS:

Has your child had any group experiences? _____

What are some of the ways your child plays at home? _____

Favorite T.V. Programs _____

Favorite Foods _____ Favorite Toys _____

Special Interest _____

Does your child play well with others? _____

How does your child react when he/she does not get his/her way? _____

How often do you read to your child? _____

List methods of discipline used with your child. _____

In what ways do you expect our program to help your child? _____

If there is any other helpful information you feel we need to know about your child, please feel free to write it on the reverse side.

Westwood Baptist Weekday Education Ministry admits students of any race, color, and national or ethnic origin. The registration fee is \$85.00 for each child, plus one-half month's tuition is due at the time of registration (except 5K). A refund of \$25.00 is available until August 1 except for 5K registration. Any request for refund must be in writing. Kindergarten tuition will be paid in eight monthly payments beginning in September, except 5K, unless school begins earlier than September. Should school begin in mid-August, one-half of the monthly tuition will be due in August. No payment will be due in May since a half month's tuition was paid at registration. Should the Alabaster City/Shelby County School System calendar change, our calendar will be subject to change. Tuition is due on the first day of each month and is late after the fifteenth, when a \$10.00 late fee will be added. An activity/supply fee will be due in October. These fees are set during the summer and will be announced at a later date. A signed contract is required for the 5K class, and tuition payments will begin in June (registrants will be contacted at a later date concerning same).

9:00 - 1:00	T-TH	W-F	M-W-F	T-W-TH	T-W-TH-F	
Pre-Three	\$130.00	\$130.00	N/A	N/A	N/A	
Three Year	\$130.00	N/A	\$150.00	\$150.00	N/A	First Choice _____
Four Year	N/A	N/A	N/A	\$150.00	\$160.00	
Five Year	\$170.00 5 days (M-T-W-TH-F)					Second Choice _____

I am registering for _____ Other children being registered _____
(class)

Please pick up your child by 1:00. A \$5.00 late fee will be charged per child at 1:10 and each 15 minutes thereafter. Please sign in and pay the office when you pick up your child(ren). If your child is consistently picked up late, the late fee will increase. After three times being late during the school year, the late fee will increase to \$10.00 per child at 1:10, and \$10.00 for every 15 minutes thereafter.

Please provide your child with a snack and lunch, whatever he/she likes. Water will be provided at snack and lunch.

****We require a paid two-week notice for withdrawal, and notice must be given in writing. If a two-week notice is given and a full month's tuition has already been paid, we will refund or give credit for the half month's tuition that was paid at registration. If a two-week notice is not given and paid, no money will be refunded.**

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PARENT AGREEMENT FORM

Child's Name _____ Date _____

Medical Treatment / Care

Does child have any allergies? _____ How does it manifest itself? _____

Does child have any disabilities or unusual fears? _____

Child's Doctor _____ Doctor Address _____

Office Telephone _____

Should my child, _____ become ill or suffer an accident of any character while he or she is in the care of Westwood Baptist Weekday Education Ministry, the center shall undertake to contact me. In the event the center is unable to reach me immediately, the center and/ or its designated staff shall be authorized to secure and consent to such medical attention, treatment, and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

(Parent or Guardian Signature)

People authorized to pick up your child, **including spouse**:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FIELD TRIPS

I understand that special trips are planned for the children away from the kindergarten throughout the school year. I am aware that I will be notified when these trips are to occur and that they will be carefully arranged and supervised by an adequate number of adults. I am aware that Pre-3 and Three-Year-Old Kindergarten classes require one adult to attend with each child. I am willing to assume the responsibility for Westwood Baptist Kindergarten to take my child on these trips and he/she has my permission to attend.

Parent or Guardian Signature

You will be asked to help drive on field trips, we need your auto insurance information. Auto Insurance Co. _____

Insurance # _____ Telephone # _____

****Parents name and contact information may be given to other parents for party contact, classroom activities, etc.****

Parent or Guardian Signature